## Facilities Space Inventory Update Form

**Date:**

Name of person collecting data:

Building Name:

Department Name:

Department Phone Number:

<table>
<thead>
<tr>
<th>Room #</th>
<th>Primary CIP</th>
<th>Room Type</th>
<th>Room Use</th>
<th>Primary %</th>
<th>Student #</th>
<th>Secondary CIP</th>
<th>Room Use</th>
<th>Secondary %</th>
<th>Third CIP</th>
<th>Room Use</th>
<th>Third %</th>
</tr>
</thead>
</table>