The primary goal of the Peer Review Teams (PRT's) is to assess and verify the accuracy of space data reported to the state of Texas by selected institutions. To this end, each team will be required to answer the following questions relative to each room within the random room sample provided to the PRT by the Texas Higher Education Coordinating Board. Additionally, the PRT's will be required to assess and evaluate the inventory control systems in place relative to the bullet points under #5 below.

1. Is each audited space identified by a unique alphabetic or numeric code both on site and in the university space record?
2. Do the function codes (room type, room use and CIP code) assigned by the institution reflect the actual usage?
3. If reported, does the prorated use accurately reflect the time used for each function?
4. Is the reported room square footage accurate and verifiable?
5. Is the space inventory control system(s) in place include:
    - Formal processes that are efficient, effective, and enforced
    - Reporting mechanisms to provide for both top-down and bottom-up feedback
    - Timely and accurate changes to space inventory data as a result of renovations, conversions or other space alterations
    - Internal collaborations that ensure data congruence between various internal reporting systems to external entities.

The following checklist will assist each member of the PRT with the task of answering questions 1, 2, 3, and 4 for rooms assigned by the team leader(s) to the individual members for audit; the checklist may be duplicated as needed. Additionally, the attached spreadsheet will allow the team leader to summarize audited data for the purpose of compiling the final report.

Suggested audit schedule

Introductions– .5 to1 hour
(Team & Chief Facilities/Executive Officer and on campus space team)
Space Audits – 8-10 hours
Evaluation of inventory control systems – 1 to2 hours
PRT document preparation of exit interview comments – 2 to 4 hours
Exit interview with Chief Facilities Officer – .5 to 1 hour

*PRT's will be **flexible** and adjust schedule needs based on size and type of institution.

[Recommendation: One checklist per room]

Audit Date: _____

Institution: _____ Building #: _____

Room identification alpha or numeric assigned:_____ Observed on-site:_____

Room type assigned:_____ Room type observed:_____

Room use assigned:_____ Room use observed: _____

CIP Code assigned:_____ CIP Code observed: _____

Prorate assigned:_____

Prorate observed: _____

Square footage reported:_____Square footage observed:_____

PRT member completing audit:_____

_____

Team Member(s) comments/notes:

_____

_____

_____

_____

[Drawing space below]