intensa
medical / laboratory seating, casework & equipment

Lab Survey

Date:_____ Contact Name:_____

Client:_____ Title: _____

_____ Phone: _____

Lab Type: _____

_____

_____

(Please be specific – e.g. Pathology Lab – Hospital, Biologics Lab – Blood Center, Science Lab – HS; Corporate Research Lab; Nuclear Pharmacy, etc.)

1. Project Completion Date (Projected): _____

2. Specific Work Processes Performed: _____

_____.

3. Provide a **floor plan** of the lab layout and indicate the individual workstations in the various process areas.

NOTE: a. Be sure to **accurately dimension** the floor plan.
b. **Indicate needed utilities** at each work station and machine area. (Please note on plan where the utility stub outs will enter room and be sure to note if they enter from the floor, wall or ceiling).

4. Indicate the **workstation heights** per area on the plan (and by staff if they vary – list as "standing, "sitting", "ADA": "sit-stand", "transaction height", etc. as applicable).

Lab Survey (page 2)

5. Indicate all areas where **reagent shelves** are needed above workstations – note this on the floor plan and indicate if they are wall mounted or supported by the workstation.

    - Does the client need chemical resistant reagent shelves?
    - Are retaining lips needed for the shelf fronts and sides ?
    - Do they require task lighting under the shelves?
    -

6. What machines are required at the various stations? _____

_____

_____

*Attach a separate sheet with machines by area / workstation – note individual machine dimensions and any peculiar machine requirements as needed (e.g.- vacutainer machine requires 2" diameter vacuum hose to feed into catch basin under work surface).

*Note the approach / access method to the machines (top load, side feed, front load, etc.)

*Note additional space needed for air, electric, vacuum lines that connect to rear or sides of machines and verify if added table depth needed.

7. What types of chemical activity are present in the lab (Note by area)?

_____

8. What specific work surfaces are needed at the lab stations (chemical resistant resin, chemical laminates, stainless steel, maple, solid surfaces, bactericidal)._____

_____

_____.

(Please note by area and workstation as applicable - surface requirements may vary throughout lab and by workstation).

Lab Survey (page 3)

9. Note placements of all PC's, Monitors, CPU's, printers and similar computer equipment used at each workstation to enable proper ergonomic and workflow design of the individual stations.

_____

_____.

10. List any additional equipment and machines (centrifuges, telescopes, cell washers, scales, mixers, hot pads, etc.) required at the various workstations. Dimension the components so a proper workstation layout can be designed.

(Attach as a separate list by individual workstation if necessary). _____

_____.

11. What type of flooring exists or will be installed in the new lab space?

Be certain to note detail of the **coving** at the walls – will it be conventional **flat** flooring laid to the wall and finished with cove base or is it to be an **integrated cove** (under the edge of flooring) with the flooring finished up on the wall?.

_____

_____.

***Note: If there is an integrated cove under flooring at walls, it is critical to note this as it will affect the top overhangs at sides and backs of lab cabinetry.**

12. Indicate all work stations with **sinks / wet areas** on the floor plan.

Who is responsible for providing sinks, faucets and fixtures ?

Lab Survey (page 4)

13. Are **special size sinks** needed for any areas (e.g. - deep sinks for filling containers, wide sinks for cleaning instruments, chemical sinks for dumping solvents or corrosives, etc.) _____

_____.

14. What type of **fixtures** are needed for each sink location (fixed or swivel gooseneck with aerator nozzle, turret nozzles, removable spray nozzle, etc.)?

_____

_____.

15. What additional fixtures are needed at each sink (eyewash stations, DI water faucets, foot pedal activated faucets, etc.) _____

_____.

16. What type of sinks are needed for each work station (stainless, porcelain, chemical resistant, etc.) List by area if they vary. _____

_____.

17. Is there a need / desire for increased hygiene in the lab or a need for added bacteria / germ control? If yes, please explain _____

_____

_____.

Lab Survey (page 5)

18. What type of **seating** is required for the various workstations (e.g. – lab stools with foot rings, backs, arm rests, oversize seats, casters etc.) _____

_____.

19. What is the **main challenge** / shortcoming of the present facility lab space?

_____

_____.

20. On the plan, please **indicate** at each workstation where **drawer stacks**, **doors, drawers over doors, knee spaces, equipment bays and related** space needs to be programmed.

21. What else needs to be considered in the initial design thinking of the lab plan?