



# DWELUP CORPORATION

# OFFICE PLANNING CHECKLIST

Professional Space Planning & Office Setup Review

Project / Client: \_\_\_\_\_ Date: \_\_\_\_\_ Checked By: \_\_\_\_\_

Office Type: \_\_\_\_\_ Reference No.: \_\_\_\_\_

## A. BASIC PROJECT INFORMATION

No.	Item	Yes	No	N/A
1	Project / office name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Client name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Location / address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Office type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Floor / level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Approximate area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. SPACE REQUIREMENT PLANNING

No.	Item	Yes	No	N/A
1	Number of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Departments / teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Reception area required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Waiting area required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Meeting room required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Manager cabins required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Workstations required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Pantry required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Washroom access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Storage room required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. FUNCTIONAL PLANNING

No.	Item	Yes	No	N/A
1	Circulation / movement planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Visitor flow considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Team collaboration zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Private work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Breakout / informal area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Accessibility considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Safety exits considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Natural light availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. FURNITURE & EQUIPMENT PLANNING

No.	Item	Yes	No	N/A
1	Desk layout finalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Chair count planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Storage units planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Conference table required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Reception desk required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Printer / copier area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	IT / server area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Power outlets planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	AC / ventilation points considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. INTERIOR & BRANDING PREFERENCES

No.	Item	Yes	No	N/A
1	Preferred design style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Color scheme selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Lighting concept selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Wall finish preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Flooring preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Ceiling design preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Brand identity integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Signage requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. FINAL REVIEW

No.	Item	Yes	No	N/A
1	Budget aligned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Timeline defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Drawings required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3D visualization required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Approval status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Key notes / remarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES / REMARKS
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CLIENT SIGNATURE
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DATE
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