|  |  |  |  |
| --- | --- | --- | --- |
| MISSION |  | REGION |  |
| DATE |  | COMPILED BY |  |
| EMAIL |  | PHONE |  |

# Logistics Assessment

Living/Office Premises

| **Final Checklist for Premises Assessment Activities** | **Done** | **Comments** |
| --- | --- | --- |
| 1 | Understand clearly the actual and forthcoming needs, including team size, dimensions, structures and requirements.  | [ ]  |  |
| 2 | Understand and know the city structure; where the staff should live, where the stakeholders work, where the activities take place, leisure places, and other factors | [ ]  |  |
| 3 | Evaluate the possible methods of searching for property1) Internal staff2) Rental estate company3) Outsource  | [ ]  |  |
| 4 | Evaluate each option in the most standardized manner, to be able to compare them against needs | [ ]  |  |
| 5 | Before sign any commitment, be sure every possible constraint is clearly addressed and the lease/rent agreements reflects the possible solutions. | [ ]  |  |

### Useful tips:

*Get feed-back from colleagues.*

*Involve or at least ask the opinion of different departments and diverse scale grades.*

*Ensure due diligence analysis of the premise and landlord before sign any commitment, including how fluid could be the relationship.*

*Maintain clear documentation of all steps in the process for memory and audit purposes. A final report with the motivated decision is a best practise.*

*Take photographs as reference.*

*This assessment is not designed to be exhaustive and/or may not fully relevant; skip the section(s)/question(s) that are not applicable in the assessed context or modify as needed.*

|  |
| --- |
| **Organization Needs Assessment**  |
| **Type of necessary premises**  | [ ]  Office | **Country and city** |  |
| [ ]  Guesthouse | **Tenure (freehold or leasehold)**  |  [ ] Rent [ ] Buy | **Number of people using the space** |  |
| **Required Location:**  |  | **Describe other acceptable areas (parts of town, different city, etc):** |  |
| **Describe additional temporary needs:** |  |
| **Additional required use of the space** | [ ] Hibernation point | [ ]  Warehouse/Archive capacity | [ ] Other: |  |
| **Other space needs elements** | [ ] Parking | [ ] Storage needs | [ ] Other: |  |
| **Duration required** |  | **Estimated head-count growth in 2-3 years** |  |
| **Space Requirements** | **m2 needed** | **# of Rooms** | **# floors** | **# of bathrooms** |  **Large Rooms or other spaces (kitchen, meeting rooms, etc)** | **Other** |
|  |  |  |  |  |  |
| **Can be split into several premises?**  | [ ]  Yes [ ]  No | **Preference for one floor or several floors?**  |  | **Requirements/standard in depth of the floor plate /ceiling height, or other?** | [ ]  Yes [ ]  No If yes, specify: |
|  |
| **Parking required?** | [ ]  Yes [ ]  No  | **# of spaces:**  |  | **Other Needs:** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  **Covered**  | [ ]  **Secured** | [ ]  **Private** | [ ]  **Shared** |

 | **# of visitor spaces:** |  |
| **Are there any other NGOs or industries that you wish to be located with or near?** | [ ]  Yes [ ]  No | **Are there any NGOs, companies or entities that you do not want to be located with or near?** | [ ]  Yes [ ]  No |
| **When pace needs to be operational (date)** |  | **Communications needed (internet, telephone, etc)** |  |
| **Maximum allowed cost**  |  |

|  |
| --- |
| **Property**  |
| **Primary Description** | **Property Address**  |  |
| **GPS Coordinates (DDD.dddddd)** |  |
| **Ownership – contact details** |  |
| **Due diligence check result** |  |
| **Space type** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Apartment | [ ] House | [ ] Office | [ ] Workshop |

 | **Space use permitted** |

|  |  |  |
| --- | --- | --- |
| [ ] Residential | [ ] Office | [ ] Commercial |

 |
| [ ] Other |  | [ ] Other |  |
| **Physical Space** | **m2 total** | **# of Rooms** | **# floors** | **# of bathrooms** |  **Large Rooms or other spaces (kitchen, meeting rooms, etc)** | **Other** |
|  |  |  |  |  |  |
| **Condition** |

|  |  |  |
| --- | --- | --- |
| [ ]  Furnished | [ ]  Semi-furnished | [ ]  Unfurnished |

 | **Describe works needed** |   |
| **Ready** |  [ ]  Yes[ ]  No | If no, how long until ready (weeks) |  | **Appropriate spaces for visitors**  | [ ]  Yes[ ]  No | **Physical barriers for persons with disability or restricted mobility?** |  |
| **Parking?** | [ ]  Yes [ ]  No  | **# of spaces:**  |  | **Other Needs:** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Covered  | [ ]  Secured | [ ]  Private | [ ]  Shared |

 | **# of visitor spaces:** |  |
| **Asking Rent/Price** |  | **Services Charges** |  | **Other Costs** |  |

|  |
| --- |
| **Utilities**  |
| **Water supplies** | **Drinkable water?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Water pressure in all water connection points** |

|  |  |  |
| --- | --- | --- |
| [ ]  Insufficient | [ ]  Acceptable | [ ]  Sufficient |

 |
| **The system is connected to the public grid?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Are water shortages common?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Private water tank in place?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | Capacity (L) |  | **How the water tank is filled?** |  |
| **The system needs a water pump to carry the water to all the water points connections?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Is the water pump in place and in working condition?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Other remarks:**  |  |
| **Electrical supplies** | **The system is connected to the public grid?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Are power outages common?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Sockets and switches work correctly?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Visible wiring?**  |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Earthing in place and functioning?**  |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Signs of burns in sockets, lights, cables?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Electric panel** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  No panel or just one to support the grid connection | [ ]  Panel not secure or with burn signals | [ ] Proper panel but under/oversized | [ ]  Standard Electrical Panel |

 |
| **Power backup in place and in working condition?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **The total energy consumption is known?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Other remarks:**  |  |
| **Communication systems** | **Are telephone lines operational?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Internet connection is in place?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Wi-Fi signal is sufficient all around the premise?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Additional router/switch will be required?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Mobile coverage is sufficient all around the premise?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Satellite phone usable/have coverage?** | [ ]  Indoors [ ] Only in the roof[ ]  Only at window [ ] Insufficient  |
| **Other remarks:**  |  |
| **Climate control** | **Orientation** | [ ]  East [ ]  South [ ]  West [ ]  North | **Windows and doors seal properly?** |  |
| **Distribution allows a proper ventilation?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Ceiling fans in place?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |  |
| **AC required?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **AC systems installed and operational?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |  |
| **Other remarks:**  |  |

|  |
| --- |
| **Safety and Security**  |
| **Site** | **# of building entrances** |  | **# of floors** |  | **# elevators** |  | **Is the building shared with others** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **There are good conditions to prepare a hibernation room** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **In case of need, at least one room could be suitable to be converted in a “panic” room?** |  |
| **High-profile government building within 1.5 km** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Distance of the building to the nearest police station**  |  |
| **Military base within 1.5 km** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Distance of the building to the nearest fire station**  |  |
| **Other sensitive or potential target facility within 1.5 km** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Distance of the building to the nearest medical facility** |  |
| **Any hazardous materials factories or gas stations near by** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **General sanitation and hygiene conditions of the site** |  |
| **Other remarks:**  |  |
| **Perimeter** | **Does the perimeter have fence and/or wall?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Approximate height? Any special features (electrify…)** |  |
| **Is there a barrier to control vehicle access?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Is the perimeter under CCTV coverage?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Is there a barrier to control pedestrian access?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Does the building have a security guard force?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **What is the number of guards during the day?** |  | **Guard service:** |

|  |  |
| --- | --- |
| [ ]  In-house | [ ]  Outsourced |

 |
| **What is the number of guards during the night?** |  | **Do guards carry out security checks on visitors?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Do guards patrol the perimeter of the building?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Are the guards armed?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Is there a security control room, manned 24/7?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Do guards respond to emergency incidents or alarm activations?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **What nature of incidents is the guard force trained and equipped to deal with?** |  |
| **Other remarks:** |  |
| **Building and access control** | **Are building access points designed with security in mind?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Is there a manned reception desk?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Ground level windows secure? (bars, grills, etc)** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Windows have anti-shatter film or laminated glass?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Are doors and windows alarmed when locked?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Any movement-triggered system in place?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Other remarks:** |  |
| **Screening and searching** | **Are vehicles physically inspected or screened on entering the perimeter?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Are pedestrian physically inspected or screened on entering the perimeter?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Are post/packages screened on delivery to the building?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Are pedestrian physically inspected or screened on entering the building?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Do the security personnel manually search visitors?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Do the security personnel use handheld metal and explosive detectors?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Is there an Archway Metal Detector (AMD)?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Is there an X-ray baggage scanner at the entrance of the building?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Other remarks:** |  |
| **Security lighting** | **Is the perimeter lit with security lighting?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Is the building lit with security lighting?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Is there floodlighting on the building exterior?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Is the gatehouse area illuminated?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Is the lighting continuously on at night or movement activated?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Is there supplementary lighting to eliminate dark areas?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Other remarks:** |  |
| **Fire Response** | **Does the building have smoke detectors?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Does the building have sprinkler devices?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Are the smoke detectors connected to the sprinklers?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Is there fire safety equipment on the considered floor (fire hose and extinguishers?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **How many emergency exits are there on the considered floor?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **Emergency exits and safety equipment are properly signed and highlighted?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Is there a central fire alarm system in place?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **If so, is the central alarm system linked to all floors?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **It is possible to evacuate persons with restricted mobility?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 | **The procedure to evacuate persons with restricted mobility is in place and updated?**  |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Other remarks:** |  |

|  |
| --- |
| **Lease Terms**  |
| *The terms provided below are an extend but not all the things that must include the lease contract. Should works as a checklist to discuss during premise evaluation phase, and/or to do not forget to mention nothing in the Lease contract.*  |
| **Units of measurement** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   Per square metres | [ ]   Per room | [ ]   Per flat | [ ]   Per floor |

 |
| [ ]   Other: |  |
| **Contract currency** |  | **Time frame quoted** |

|  |  |  |
| --- | --- | --- |
| [ ]   day | [ ]  month | [ ]  year |

 |
| [ ]   Other: |  |
| **Frequency of rental payments in advance** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   One month | [ ]   Three months | [ ]   Six months | [ ]   One year |

 |
| [ ]   Other: |  |
| **Rental deposit (expressed as x month rent)** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   One month | [ ]   Three months | [ ]   Six months | [ ]   One year |

 |
| [ ]   Other: |  |
| **Typical lease term** | [ ]   One year | [ ]   Three years | [ ]   Other: |  | **There are statutory rights to renew?** |

|  |  |
| --- | --- |
|[ ]   Yes |[ ]   No |

 |
| **Frequency of rent increases or rent review** |  | **Basis of rent increases or rent review** |  |
| **Responsibilities apply to:**  | **Utilities** | **Internal repairs** | **External/structural repairs** | **Repairs of common parts** | **Insurance** | **Local property taxes** | **Other taxes** |
| [ ]  Landlord[ ]  Tenant | [ ]  Landlord[ ]  Tenant | [ ]  Landlord[ ]  Tenant | [ ]  Landlord[ ]  Tenant | [ ]  Landlord[ ]  Tenant | [ ]  Landlord[ ]  Tenant | [ ]  Landlord[ ]  Tenant |
| **Early termination rights** | **Through negotiation** | **By break clause** | **Subject to indemnity** | **Securing a replacement tenant** | **With a letter in advance of** | **Force Majeure** |
| [ ]  | [ ]  | [ ]  # months |  | [ ]  | [ ]  # months |  | [ ]  |
| **Tenant responsibilities at lease end** |

|  |  |
| --- | --- |
| [ ]  Original condition allowing wear and tear | [ ]  Painted and repaired |

 |
| [ ]   Other: |  |
| ***Do not forget to document graphically an inventory of the original state*** |

| **Working/Living Assessment** |
| --- |

Please draw here the floor plan of identified living/working premis(es):