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| --- | --- | --- | --- |
| 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 property  1) Internal staff  2) Rental estate company  3) 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** | | | | | | | | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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):