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 to 1 hour  
(Team & Chief Facilities/Executive Officer and on campus space team)  
Space Audits – 8-10 hours  
Evaluation of inventory control systems – 1 to 2 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]