The Facilities Department is a service-oriented team, whose mission is to provide a safe, productive, and comfortable work environment that helps our stakeholders to achieve their business objectives, returning value to the organization’s triple bottom line.

**General Stakeholder Information**
Department: __________________________ Location: __________________________
Interviewee: __________________________ Job Title: __________________________
Number of Employees: ________ Locations of Employees: __________________________
Organizational Structure: ☐ See Back of Page ☐ Copy Requested

**Business Objectives (not facility related)**
*Obtain copies for all of these if possible*
Key initiatives & goals for this year:
_____________________________________________________________________________
_____________________________________________________________________________
Significant business or process changes planned/anticipated:
_____________________________________________________________________________
_____________________________________________________________________________
Primary challenges to success:
_____________________________________________________________________________
_____________________________________________________________________________
Personnel/Hiring Plan (anticipated changes):
_____________________________________________________________________________
_____________________________________________________________________________
Current Disaster Recovery Plan: ☐ Yes (request copy) ☐ No (plan to revisit)

**Facility Needs**
*Obtain copies for all of these if possible*
Anticipated building use changes (e.g. more or less space, different location, re-organizations, & moves):
_____________________________________________________________________________
_____________________________________________________________________________
Plans to purchase items or equipment that require significant space, atypical power, or environment:
_____________________________________________________________________________
_____________________________________________________________________________
Facility-Related Challenges:
_____________________________________________________________________________
_____________________________________________________________________________

**Additional Comments**
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Interview Conducted By: __________________________ Date: _________________