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| **Check list** – suitable office space with facilities listed below on rent/lease basis for a period of four (04) years |
| **#** | **Facilities required**  | **Confirmation of availability and details**  |
|  | Office space offered shall be within Colombo 1 -8. (please specify the address)  |  |
|  | Availability of certificate of conformity (COC) |  |
|  | Total sq ft available ( minimum 25,000 sq ft) |  |
|  | Number of floors |  |
|  | Sq ft in each floor  | Floor.1Floor.2Floor.3 etc  |
|  | Tiled floor ? |  |
|  | Facilities for security personnel  |  |
|  | Emergency evacuation facility  |  |
|  | fire/smoking alarm |  |
|  | PA system for emergency announcements |  |
|  | Fire extinguishers /fire suppression system |  |
|  | Lightning Protection system |  |
|  | In premises or adjourning (with in 100m) vehicle parking slots availability for at least 50 vehicles  |  |
|  | No of slots if any under payment basis for parking slots |  |
|  | Air-conditioning- Centralized with variable fresh air supply or ERVs where the vents can be moved based on the requirements including support and maintenance |  |
|  | Air-conditioning- Zonal Control |  |
|  | Availability of 3 phase electricity on 24 hours each floor |  |
|  | Fibre Optic Data coverage for the location of the building |  |
|  | Service shaft/ducks |  |
|  | Telephone Lines  |  |
|  | Water supply |  |
|  | Water storage capacity in Litres  |  |
|  | Stand by generator with automatic change over mechanism – KVs specify |  |
|  | 24\*7 Elevator facilities with disability access |  |
|  | Status of Surrounding Access to public transport- specify |  |
|  | Initial period for 04 years (Agreed or No) |  |
|  | Number of wash rooms (separately for males and females) in each floor |  |
|  | Special features available for office use if any |  |
|  | Partitioning allowed or not allowed  |  |
|  | Insured Building? |  |
|  | Suspended Ceiling with perforated sheets |  |
|  | Wall colours- Specify |  |
|  | Any other remarks |  |
|  | Indicate the possible date for occupancy  |  |
|  | Per month rent |  |
|  | Advance terms if any |  |
|  | Recent valuation report (please attached a copy) |  |

**Note :ICTA has the sole authority to accept or reject any quotation**