# Office Space Viewing Sheet

**Date viewed:** ________________

**Suite Address:** ____________________________________________________________

**Agent, Contact Info:** _______________________________________________________

## The Building

**Neighborhood:** ____________________________________________________________

**Public transit nearby:** ____________________________________________________

**Parking (in building or nearby):** ____________________________________________

**Correct zoning:** ___________________ **Quality of public areas:** __________________

**Ambient noise levels:** ______________________________________________________

**Disabled access:** __________________________________________________________

**Washrooms (clean, quality, accessibility):** ________________________________

**Bldg hours:** ______________________________________________________________

**Entry system:** _____________________________________________________________

**Signage:** _________________________________________________________________

**Recycling/refuse system?:** _________________________________________________

**Neighbors (Appropriate? Referral sources?):** ________________________________

## The Suite

**Square feet:** _________ **# Rooms:** _________ **Rental rate:** ________________

**Plus maintenance fee (& what is included?)** _________________________________

**Waiting room (size, qualities):** __________________________________________

**Space for reception/assistant:** __________________________________________

**Consulting room sizes?:** _________________________________________________

**Locks, entry door, security:** ______________________________________________

**Interior doors, soundproofing:** ____________________________________________

**Heating (type, controls in suite, AC?):** ___________________________________

**Windows (Single, double glazed? Openable? Sills?):** ________________________

**Ceiling, lights (include changes needed):** _________________________________

**Do interior walls stop at dropped ceiling?** _________________________________

**Renovations required:** __________________________________________________

**Neighbor’s reviews of management company:** ________________________________

**Overall impression:** ______________________________________________________

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