**Ambassador Initial Site Evaluation**

Department Name: Date of Assessment:

Physical Location: Completed by:

Building Contact Name: Email:

Telephone:

Location Description:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number of Floors to Building: |  |  | Number of Offices: |  |  | Number of State Agencies: |  |
| Number of Employees: |  |  | Lunch Room:  |  |  | Break Room:  |  |
| Bulletin Board: |  |  | Locked Bulletin Board: |  |  | Open Bulletin Board: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Work shifts: | AM |  | PM |  | NOC |  |  | Add Description: |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bargaining Units Present: | SEIU: |  | ACSS: |  | CSUEU: |  | Other: |  |

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| --- | --- |
| Union Rep Contact Info: |  |

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
|  |
| Address: |  |
|  |
| City: |  | State: |  |  | Zip: |  |  |
|  |
| Phone: |  | Email: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Materials:  | # of CSR Newspapers: |  |  | # of Brochures: |  |  | Other: |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | In Person: |  |  | Mail: |  |  | Monthly |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Delivery: | In Person: |  | Mail: |  | Monthly: |  | Quarterly: |  |

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| --- | --- |
| Where will materials be displayed? : |  |
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| --- | --- | --- | --- | --- |
| Set up informational table: | When: |  | Where: |  |
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| --- | --- | --- | --- | --- |
| Return to Speak at a Meeting: | When: |  | Where: |  |
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| Additional Comments/Notes: |  |
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