Instructions: DCAMM Scoping Form for MAAB Compliance
Building Repairs, Alterations, and Renovations
Version 1.0

General instructions:

- Fill in the shaded boxes.
- Mark the small white check boxes where appropriate.
- The larger white boxes (Boxes C, D, E, etc.) will auto-populate.

NOTE: If the entire text does not fit in a text box, continue entering data until complete. The form is to be sent electronically, and all data will be saved.

Important sending directions:

- Save a copy of the Excel form for future reference.
- Send the completed Excel form by email to: christopher.becker@state.ma.us.
- Do not convert the completed form into a PDF. Leave the completed form in its Excel format.
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<table>
<thead>
<tr>
<th>Project specific information:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form completed by:</strong> Indicate the person filling out this form.</td>
</tr>
<tr>
<td><strong>Date:</strong> Enter the date on which the form was filled out.</td>
</tr>
<tr>
<td><strong>DCAMM project #:</strong> Enter the DCAMM project number if known. This number typically starts with three letters for the agency, followed by four numbers, a dash, two letters and a number (ex. DMH1201-DC1). If a DCAMM number has not been established or is not known, leave blank.</td>
</tr>
<tr>
<td><strong>CAMIS “J” #:</strong> Enter the CAMIS “J” number if this is a deferred maintenance project.</td>
</tr>
<tr>
<td><strong>Project Name:</strong> Enter a project name. This name should be descriptive of the overall project. It can, but does not have to match the project name on the deferred maintenance list.</td>
</tr>
<tr>
<td><strong>Building Name:</strong> Enter the common building name. This name can match the CAMIS building name.</td>
</tr>
<tr>
<td><strong>Site Name:</strong> List a descriptive site name (ex. North Lowell Campus). This name can match the CAMIS site name.</td>
</tr>
<tr>
<td><strong>Study consultant:</strong> List the primary study consultant if assigned.</td>
</tr>
<tr>
<td><strong>Anticipated date of building permit:</strong> List the anticipated date of building permit. This date will be used later to determine work performed over the last 36 months.</td>
</tr>
</tbody>
</table>
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Instructions for form item numbers

Item #1 - Describe the scope of work: Enter a brief description of the work that will be performed on the project. Include where the work will be performed and what the work will include. Example: The first floor of the North Academic building will undergo a full renovation including removal and replacement of stairs, flooring, interior walls, ceilings, and windows. Plumbing and electrical work will be included. A new boiler will be added in the basement.

Item #2 - Scope of work, change in use: Check yes or no, but not both. Spaces created for public use that were previously closed to the public may trigger additional accessibility requirements. Please contact the Statewide Accessibility Initiative if you have questions about whether this project includes a change of use from private space to public space.

Item #3 - Connection to other buildings: Check yes or no, but not both. The definition of a building varies between the State Building Code and the Massachusetts Architectural Access Board. A building that is connected to and reliant on other buildings for accessible features may require different levels of compliance than a stand-alone structure. Please contact the Statewide Accessibility Initiative if you have questions about whether this building is connected to another building.

ADVISORY: Definition of Building per 521 CMR Section 5: Before proceeding with this form, please be aware that the definition of building per IBC or 780 CMR differs from the definition per 521 CMR. This form does not ask you to define the building in terms of 521CMR. However, please be aware that the scoping result may change depending on the information provided in Question #3 above. The SAI will provide technical assistance if Question #3 is answered affirmatively.
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Item #4 - Box A. Enter the ECC including possible change orders or contingencies.

Item #5 - Box B. Enter the current CAMIS Value. This information can be found on the worksheet tab at the bottom of this document titled “2015 CAMIS Values”. The CAMIS data sheet can be searched by filter or you can scroll to find the correct building. Please enter the exact CAMIS building name as it appears on the list. This name does not have to match the name previously provided.

Item #6 - Box C. 30% of the CAMIS Value. This box will auto-calculate. No input is needed. Box C should equal 30% of the value listed in Box B.

Item #7 - Box D. Total cost of permitted work 36 months prior. This box will auto-calculate as the shaded chart below is completed. Box D should equal all costs over 36 months prior to the anticipated building permit date.

NOTE: The “anticipated date of building permit” will auto-populate from its previous entry on the form. See page 2 of these instructions.

Item #8 - Box E. Total cost of ECC plus permitted work over 36 months. This box will auto-calculate. Box E should equal Box A plus Box D.
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Item #9 - Is the work being performed limited to ONLY the following categories of work? (check all that apply)

- Electrical
- Roof repair/ replacement
- Mechanical/ HVAC
- Window repair/ replacement
- Plumbing, not including fixtures
- Exterior envelope repairs
- Automatic sprinklers, but not alarm system
- Site utilities
- Abatement of hazardous materials

The MAAB may provide a certain exemptions when the work being done is entirely comprised of the listed work in under this heading and under certain dollar values. If your project includes other work in addition to the type of work listed under this heading, do not check any boxes.

Item #10 - Does the work being performed include any of the following components of elements? Please check off any work that fits in the categories provided under this heading.

NOTE: List any additional work items that do not fit into the categories in #9 or #10 above. There may be work that does not fit into the categories provided. If so, list work categories in the box under heading 10 and continue with the form. The Statewide Accessibility Initiative will review these items and determine whether any work items qualify for exemptions.
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**Item #11 - Is the total ECC plus work performed over time (BOX E) greater than $100,000?**

- Yes → Go to #12 below
- No → Go to #13 below

**Box E**

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**Box C**

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**Item #12 - Is the total ECC plus work performed over time (BOX E) greater than the 30% CAMIS value (Box C)?**

- Yes → Go to #15 and check item C.
- No → Go to #13 below

**Box E**

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**Box C**

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**Item #13 - Does the entire scope of work fit into the categories listed in #9 above?**

- Yes → Go to #14 below
- No → Go to #15 and check item B.

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**Item #14 - Is the total cost of ECC plus work performed over time (Box E) less than $500,000?**

- Yes → Go to #16 and check item B.
- No → Go to #15 and check item B.

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**NOTE:** Boxes E and Box C will auto-populate.
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15. SCOPING RESULT. The following accessibility requirement(s) apply as a result of this scoping analysis:

A. □ All elements in the scope of work must comply with 521CMR. Additional compliance with 521CMR is not required.
   
   ACTION → Save a copy of this file for your record. Send an electronic copy of the Excel file to christopher.becker@state.ma.us.

B. □ All elements in the scope of work must comply with 521CMR. In addition, the following elements are required to comply with 521CMR requirements:
   - Accessible entrance, including approach walk, stairs, ramps, entry platform, entry doors, thresholds, hardware, maneuvering space, and signage.
   - Accessible toilet room(s), either a men’s room and a women’s room or one with a single user toilet, and signage. *(Two may be required by 248 CMR)
   - Accessible drinking fountain, if a drinking fountain is provided in the building. A high and an accessible low drinking fountain will be required; a compliant accessible combination unit is preferred.
   - Accessible telephone, if a public pay telephone is provided. A TTY may be required.
   
   ACTION → Save a copy of this file for your record. Send an electronic copy of the Excel file to christopher.becker@state.ma.us.
   
   ACTION → Complete the "DCAMM Accessibility Checklist for MAAB Triggered Buildings" to determine if all the above are provided and compliant. Find this form at www.mass.gov/DCAMM. When the checklist is complete or if you have questions about completing the checklist, contact Chris Becker at 617-727-4050 x31206 or email christopher.becker@state.ma.us.

C. □ The entire building, including work performed, must comply with 521CMR.
   
   ACTION → Save a copy of this file for your record. Send an electronic copy of the Excel file to christopher.becker@state.ma.us.
   
   ACTION → Complete a "Statewide Accessibility Initiative Intake Form". Contact Chris Becker at 617-727-4050 x31206 or email christopher.becker@state.ma.us. The SAI will coordinate with you on initiating a full accessibility audit of the building.

ADVISORY - MAAB Variances: Occasionally in renovation and repair projects, an element cannot be made fully accessible. In this case, a variance must be requested from the MAAB. It is incumbent on the applicant to demonstrate with drawings and cost estimates that bringing the element into full compliance is impracticable — either “technically unfeasible” or “results in excessive and unreasonable costs without any substantial benefit to persons with disabilities”. DCAMM is available to assist designers and user agencies with preparing variance requests. For technical assistance, contact the Statewide Accessibility Initiative through Chris Becker at 617-727-4050 x31206 or email christopher.becker@state.ma.us.