

Date _____

The University of Michigan Plant Operations Work Request For use by Hospital Facilities

WORK REQUEST #

Property

****Please Type Only****

Handwritten copies make it difficult for us to obtain adequate information and may cause delays in getting your job done.

_____ **OR** _____
Short Code Fund Dept. Id (Org.) Class Program Project/Grant

_____ Authorized Printed _____ Authorized Signature _____ Phone # _____

_____ On-Site Contact Name _____ Phone # _____ E-Mail Address _____
(Person the maintenance crew will look for on site if questions.) (to be notified upon completion of the job)

_____ Person to be contacted w/ W.R. # _____ Phone # _____ E-Mail Address _____ Fax # _____
(If different than On-Site contact) Please indicate the preferred method of receiving the WR #by completing that section above.

_____ Building Name _____ H _____
Maximo Number

Description of work to be done, please include location of work to be done:
(If you are typing this on-line, please be sure to move your mouse and click in another field before printing.)

Check one of the following Hospital categories.

C
Type

- SOC - Statement of Conditions
- CMS - Centers for Medicare and Medicaid Services
- JCA - Joint Commission
- HSP - Hospital General

_____ Title _____

_____ Priority _____ Problem Code _____ Date Received _____

_____ Shop # _____ Shop # _____ Shop # _____ Shop # _____ Shop # _____ Shop # _____

Please fax your request to 763-2932 or mail to 326 E. Hoover Box 1002. Once the request is processed the contact person noted above will be notified with the Work Request number assigned to this request. For questions please contact the Plant Operations Call Center at 647-2059. New forms can also be found on the web at http://www.plant.bf.umich.edu/workcontrol/PDF/Work_Request.PDF