



Engineering / Bio - Med  
Maintenance Request

Fax to 256-9865

REQUESTED BY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

EQUIPMENT I.D. #: \_\_\_\_\_

AREA: \_\_\_\_\_

ROOM: \_\_\_\_\_

WORK REQUESTED: \_\_\_\_\_

*(TO BE COMPLETED BY ENGINEERING)*

DATE RECEIVED:		TIME RECEIVED:	
ASSIGNED TO:			
OUT FOR SERVICE DATE:		PART(S) ORDER DATE:	
<b><i>Did you perform "Above The Ceiling Work"? IF "YES" YOU MUST COMPLETE THE FOLLOWING!</i></b>			
	<b>Yes</b>		<b>No</b>
<i>Are all penetrations (not just yours) sealed w approved caulk?</i>			
<i>Are all electrical junction box lids (not just yours) in place?</i>			
<i>Is sprinkler piping free of anything mounted to it or resting on it?</i>			
COMMENTS:			
COMPLETED BY:			
TIME STARTED:		TIME COMPLETED:	
DATE COMPLETED:		TOTAL TIME TO COMPLETED:	