



Engineering / Bio - Med
Maintenance Request

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:	
<i>Did you perform "Above The Ceiling Work"? IF "YES" YOU MUST COMPLETE THE FOLLOWING!</i>			
	<i>Yes</i>		<i>No</i>
<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:	