OPERATIONS & MAINTENANCE SERVICE REQUEST

Complete all sections and submit to Facility Manager.  

SR No.  
(Assigned by Facility Manager)

1. Work Description:  
Room number and name:  
Work required/purpose (attach sketch or use additional sheet if required):

2. Service requested:
- Feasibility estimate
- Perform work
- Initiate Project

3. Work and funding authorization:
   Account number:  
   (Financial Activity Object/Spend Category)
   Task ID#:  
   Date:  

4. Contact Name:  
   Phone #:  

5. LFM Approval:  
   Date:  
   The Laser Facility Manager must sign here if the Service Request scope will affect operations within the Laser Facility envelope (Laser Bay, Target Bay, LaCave, Capacitor Bays, Pumphouse, Tritium Fill, etc.).

6. Service Request Action (to be completed by Facility Manager):
   - Project within capability of LLE O&M.  Estimated man days:  
   - Project requires University Facilities or outside contractor support. Expect one month before work starts.
   - Request rejected (state reason):

7. Distribution:
   - Sawyer
   - Puth
   - Janezic
   - Wilson
   - Labuzetta
   - Goheen
   - Heckman
   - Canning

8. Does this project or work require IT or Network support? Please circle Y or N