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):
   ____________________________________________________________________________
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   ____________________________________________________________________________
   ____________________________________________________________________________

Work schedule desired (be definitive; ASAP is not acceptable):
Desired start date: _______ Desired completion date: _______ Drop dead completion date: _______

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

3. Work and funding authorization:
   Account number: -5215 -2690
   Task ID#: ____________________
   Account holder name and signature: ____________________ 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: _______ Estimated start date: _______
   ☐ Project requires University Facilities or outside contractor support. Expect 1 month before work starts.
   ☐ Request rejected (state reason): ____________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

7. Distribution: ☐ Weibel ☐ Thorp ☐ _____________ ☐ _____________
   ☐ Sawyer ☐ Stagnitto ☐ _____________ ☐ _____________
   ☐ Raiber ☐ Canning ☐ _____________ ☐ _____________
   ____________________________________________________________________________
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