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):

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   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	❍ _____	❍ _____