

DEPARTMENT OF FACILITIES MANAGEMENT

ENGINEERING WORK ORDER

			TYPE
DATE	REQUESTER	REQUESTING DEPT. SIGNATURE	FUNDING #
			FUNDING EXPIRATION DATE
DEPARTMENT	PHONE EXT.	BUILDING	ROOM #

PRECISE PROJECT LOCATION: BUILDING _____ **ROOM #(S)** _____

PROJECT TYPE: MAJOR ☐ MINOR ☐ BUDGET

JOB DESCRIPTION:

FOR ENGINEERING USE ONLY

ENGINEERING APPROVALS		WORK ORDER #	PROJECT #
ENG. MGMT	FACLT. ADMIN		

ASSIGNMENT	CHECK	ASSIGNMENT	CHECK	SUPERVISOR ASSIGNED
ADMINISTRATOR	<input type="checkbox"/>	MACHINIST	<input type="checkbox"/>	
ASBESTOS	<input type="checkbox"/>	MULTI-TECH	<input type="checkbox"/>	
CARPENTER	<input type="checkbox"/>	OPERATIONS	<input type="checkbox"/>	
CONSTRUCTION MGR	<input type="checkbox"/>	PAINTER	<input type="checkbox"/>	
DRAFTING	<input type="checkbox"/>	PLUMBER	<input type="checkbox"/>	
ELECTRICIAN	<input type="checkbox"/>	REFRIGERATION	<input type="checkbox"/>	
FINANCIAL ANALYST		SAFETY DEPARTMENT	<input type="checkbox"/>	
INSTRUMENTATION	<input type="checkbox"/>	SHEETMETAL	<input type="checkbox"/>	
LABORER	<input type="checkbox"/>	OUTSIDE VENDOR	<input type="checkbox"/>	
		OTHER	<input type="checkbox"/>	

INSTRUCTIONS:

1. Please provide detailed information or equipment specifications, if applicable.
2. If this is a request for signs, attach "Data for Fabrication of Signs" form (available from the Engineering Department).
3. Send completed form with appropriate signature to Engineering, Forchheimer B60.

