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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Flinders University**  **ENVIRONMENTAL SERVICE**  **MAINTENANCE WORK REQUEST FORM FOR FMC FACILITY(Part A)**  **& FMC Key Requests (Part B)** | | | | | | | | | | | | | | |
| *Please complete this form for any Work Requests for Maintenance*  *Repairs, Modifications and Minor Works*  **\* Mandatory Field - Form will not be processed without completion** | | | | | | | | | | | | | | |
| **Department/Location/Contact Details** | | | | | | | | | | | | | | |
| **FU Department \*** | | |  | | | | | | | **Phone \*** | | |  | |
| **Room No. \*(eg 6E203)**  *this is located above door frames*  *and assists contractors in finding your repair/request location- if no # please provide room nearby* | | |  | | | | | | | **Building** | | |  | |
| **Level \*** | | |  | |
| **Originator’s Name \*** | | |  | | | | | | | **Date \*** | | |  | |
| **COLLEGE NAME –**  ***(please circle)* \*** | | | **CMPH** | | | | | | | **CNHS** | | | | |
| **New Install/Modifications**  **Will incur charges**   * ✓   **Authorisation below required *✓*** | | | | **FU Equipment *Breakdown/Repair***  **Will incur charges**   * ✓   **Authorisation below required *✓*** | | | | | | **FMC Facility Breakdown**  ***No Authorisation***   * ✓   ***required ✓*** | | | | |
| Authorised FU Manager  Name \* |  | | | | | *FU Cost Centre Account Code \** | |  | | Signed \*  *For rechargeable work* | | | | |
| **PART - A *Email***– [**HealthFMCEnvironmentalServices@sa.gov.au**](mailto:HealthFMCEnvironmentalServices@sa.gov.au) | | | | | | | | | | | | | | |
| (Quotes will only be provided where Environmental Service Staff anticipate the works value will exceed $500) | | | | | | | | | | | | | | |
| **Request Description / Fault** | | | | | | | | | | | | | | |
| **Use attachments for further description if necessary** | | | | | | | | | | | | | | |
| **PART - B – (Key Request form to be taken to FMC Security office – Rm 2B132 with key)** | | | | | | | | | | | | | | |
| **Flinders Medical Centre request for the Issue of Keys (Brief reason to obtain following keys)** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Room No.** | |  | | | **Lockwood Door Lock Code** | | | |  | | | **No. of Keys** | |  |
| **Key Allocated to** | |  | | | **Kaba Quattro Sub Master Group** | | | |  | | |  |
| **Supervisor Name** | |  | | | | | | | **Signature** | | |  | | |
| **To be completed by receiver of Keys** | | | | | | | | | | | | | | |
| **Name** | |  | | | | | **Department** | | | |  | | | |
| **Position** | |  | | | | |  | | | |  | | | |
| **Phone No.** | |  | | | | |  | | | |  | | | |
| **Signed on receipt of Keys** | |  | | | | | | | | | | | | |