|  |
| --- |
| **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 ManagerName \*  |  | *FU Cost Centre Account Code \** |  | Signed \**For rechargeable work* |
| **PART - A *Email***– **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**  |  |