

**WORK REQUEST (MAINTENANCE MANAGEMENT)**  
 NAVFAC 7-1014/29 REV. 2-88 S/N 0105-LF-002-7510  
 SUPPLEMENTARY NAVDOCKS 2351

CONTROL	DATE	LMD	PRIORITY	INITIALS
G2-625	5-14-85	B	7	[Signature]

*Requestor see Instructions on Reverse Side*

(PW Department see Instructions in NAVFAC MO-321)

**PART I—REQUEST (Filled out by Requestor)**

1. FROM Shop 951	2. REQUEST NO. G5-625-0225
3. TO Code 420.1	4. DATE OF REQUEST 5/20/85
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START Immediately
6. FOR FURTHER INFORMATION CALL P. NORRIS, EXT 3648/4461 OR B. BROOKS, EXT 2108      HENDERSON	7. SKETCH/PLAN ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Shop 951, W/C 60, Bldg. 225  
 Subj: Collapsing Walls  
 Encl: (1) Layout of Area  
 Shop 951 requests P.W. to repair/replace the walls in the clean room east side of Bldg. 225.

Justification: The walls enumerated in encl (1) are falling down. Plywood paneling is suspended in the air by electrical wiring. The moulding surrounding the windows is about to fall off and the interior walls have gaping holes in several places. Shop 951 also requests the supports for the overhead crane be inspected and determined if they should be replaced.

9. FUNDS CHARGEABLE P.W.	10. SIGNATURE (Requesting Official) D. OLSON [Signature]
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**PART II—COST ESTIMATE**  
 (Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO: Code 420.1	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input checked="" type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE D. OLSON [Signature]	22. DATE 5/20/85	

(See Part IV on Reverse Side)

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510  
Supersedes NAVDOCKS 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM Code 950	2. REQUEST NO. 63-682-0225
3. TO Code 420.1	4. DATE OF REQUEST 7/28/83
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 8/15/83
6. FOR FURTHER INFORMATION CALL P. NORRIS, Ext 3648/4461 or B. BROOKS, Ext 2108	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Shop 951, Bldg. 225

*will be project*

Shop 951 Plating Section requests refurbishment of the head and showers on the second floor of Bldg. 225.

Justification: The existing head and showers are in a deplorable condition. One of three commodes is serviceable, two of three urnals work. One of them does not shut off, and ~~all~~ of three showers work. The walls of the shower are rotten and the floor covering is cracked, torn, and missing in several places. Most of the walls require replacement and painting. The steam heater is inoperable and leaks. There is also an old water heater that needs to be removed.

CONTROL	DATE	LMD	PRIORITY	INITIALS
63-682	3/17	B	7	Hees

9. FUNDS CHARGEABLE

P. W.

10. SIGNATURE (Requesting Official)

D. OLSON

*D. Olson*

**PART II—COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO: Code 420	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input checked="" type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE D. OLSON	22. DATE	

*D. Olson*

(See Part IV on Reverse Side)

**WORK REQUEST (MAINTENANCE MANAGEMEN**

NAVJAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510  
Supersedes NAVDOCKS 2351

(PW Department see Instructions  
in NAVFAC MO-321)

JUN 4 8 09 AM '82

Requestor see Instructions on Reverse Side

**PART I—REQUEST (Filled out by Requestor)**

1. FROM <b>CODE 380.14</b>	2. REQUEST NO. <b>G2-092-0225</b>
3. TO <b>CODE 420</b>	4. DATE OF REQUEST <b>5/20/82</b>
5. REQUEST FOR <input checked="" type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <b>6/21/82</b>
6. FOR FURTHER INFORMATION CALL	7. SKETCH/PLAN ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.) <b>M. FREEDON, CODE 380.144, EXT. 2467 OR MR. BROOKS, SHOP 51, EXT. 2108</b>	

IT IS REQUESTED THAT A BLDG. SURVEY COST EST. BE PERFORMED IN/ON BLDG. 225, SHOP 51 PLATING SHOP. TO CORRECT MAJOR BLDG. AND EQUIPMENT DEFICIENCIES AS SHOWN ON ATTACHED SHEET(S).

CONTRACT	ORDER NO.	STATUS	PROJECT	INITIALS
G2-092	2155	B	7	F

FSB 951-5015 **A**

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)  
*Lee Hall*

**PART II—COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
	17. DATE

**PART III—ACTION (Filled out by Requestor)**

18. TO:	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE		22. DATE

(See Part IV on Reverse Side)

List of Major Building/Equipment Deficiencies, Building 225,  
Shop 51 Plating Shop W/R G2-091-0225. - 092

1. Building cracked, outside west corner - evaluate structural deficiency and Repair same.
2. Repair/Replace all windows thru out Building. Including frames.
3. Repair/Replace all deteriorated plywood walls in clean room.
4. Clean and Paint new overhead fan in clean room (rusty).
5. Evaluate the need of a new Crane and Crane Rails in clean room.
6. Paint all tanks in clean room.
7. Clean all corroded knife switches in clean room.
8. All Wood beams need painting or replacement in clean room evaluate structural deficiency and repair same.
9. Clean and Paint all rusty overhead I beams in clean room.
10. Repair/Replace all Electrical outlets and conduit thru out Building.
11. I beams cracked in Silver Room and Office - evaluate structural deficiency and repair same.
12. Replace all rusty Electrical boxes in Silver room.
13. Repair/Replace air lines and valves in Silver Room.
14. Repair and Paint all walls in Silver room.
15. Repair leaking roof by lead tank.
16. Number or label all Power Panels mounted on walls in Silver room remove those not in use.
17. Replace cranes in silver room with cranes with out chains.
18. Remove all excessive Piping and wiring thru out Building.
19. Arch way between CAD and Tin room cracked-evaluate structural deficiency and Repair same.
20. Repair/Replace all rusty service valves and Piping in Chrome room.

424

Cook  
423

Cook  
423

Cook  
423

423

Doc Romano

424

Bob

Bob

Bob

CALL BOB  
3103 -

CONTROL	DATE	LEAD	PRIORITY	INSTRUCTIONS
G6-0692	6/9/86			(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM *SNOP51*  
*CALL 329.5 C. WHITWORTH EXT 2477*

2. REQUEST NO. *G6-0692-0225*

3. TO *421 CERINLA 86*

4. DATE OF REQUEST *7/9/86*

5. REQUEST FOR  COST ESTIMATE  PERFORMANCE OF WORK

5a. REQUEST WORK START *7/14/86*

6. FOR FURTHER INFORMATION CALL  
*HENDERSON 2108 BLDG-225 (STONE BLDG 117)*  
*WHITELEY 2672 BLDG-864 (2631)*

7. SKETCH/PLAN ATTACHED  YES  NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)  
*REQUEST P.W. CLEAN, PRIME & PAINT CHROME GENERATOR ROOM LOCATED IN BLDG-225. THE PAINT IS CURLING/PEELING AND HAS NOT BEEN REPAINTED IN A GOOD 20 YEARS. THE PAINTING OF THIS ROOM IS NEEDED AS SOON AS POSSIBLE SO THAT THE SHOP CAN HAVE NEW EQUIPMENT INSTALLED. COMPLETION OF PAINTING TO BE*

9. FUNDS CHARGEABLE *947261000C*  
*PWO You # JAC TKS.*

10. SIGNATURE (Requesting Official) *Curtis D. Whitworth 329.5*

PART II—COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. TO:

12. ESTIMATE NO.

13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED
a. Labor	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
c. Overhead and/or Surcharge	\$	
d. Equipment Rental/Usage	\$	
e. Contingency <i>KT # 0242 comp</i>	\$	16. SIGNATURE
f. TOTAL	\$ <i>388.26</i>	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO:

19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved)  
 NAVCOMPT 140  OTHER

20. WORK REQUESTED  
 HAS BEEN CANCELLED  HAS BEEN DEFERRED  WILL BE PERFORMED BY OTHERS

21. SIGNATURE \_\_\_\_\_

22. DATE \_\_\_\_\_

(See Part IV on Reverse Side)