

FBOP WO Tech
Facility Minor Work Request
NYM

10481
CM01

TO: FACILITY MANAGER

FROM: NYM Facilities - [REDACTED] Facilities THRU: Facility Manager //S//
(Entered by:) (Department) (Phone) (Department Head Signature)
Site: NYM Building: 3RD Location: LIEUTENANT OFF - LIEUTENANT OFF Work Location: SIS Com Tech

You are requested to perform the following work:

DVR Failure # 2
DVR Failure # 1/DVR failure # 2

If Applicable, ensure all safety precautions are followed to include but not limited to *Lockout/Tagout, Confined Space Entry, & Fall Protection*

Date Active: 7/19/2019

Status: CMPLT

Priority No: 2

TMS No.: 10481

Facility Manager: [REDACTED]
(Authorizing Signature)

You are authorized to perform the above work:

To Foreman: CM01 - CM01 - [REDACTED]

Skill: Communication

Warden's signature for greater than \$10,000

IF WORK ORDER WAS CREATED FROM A PM, ENTER PM WORK ORDER #: _____

List below all materials used:

Description	Quantity	UOM	Unit Price	Total

Grand Total: _____

If Applicable, ensure that the equipment has a MWI label affixed in clear view and legible. MWI #:

- Asbestos Abatement is required or has been completed.
- FITARA process is required.

Foreman's Total Hours: _____
Date Completed: 8/26/2019

Upon completion of work, complete form and return to the Facility Manager. _____ Staff Signature

Completion Comments: