

# FACILITY WORK REQUEST

For use of this form, see USMEPCOM Reg 420-3  
SEE INSTRUCTIONS ON REVERSE OF FORM

1. DATE OF REQUEST:

Page 1 of 2

2. FROM:

3. THRU:

4. TO: FACILITIES DIRECTORATE

5. PROBLEM (DESCRIBE IN DETAIL):

6. GOVERNMENT TECHNICAL AND BUDGET POINTS OF CONTACT AND COST ESTIMATE:

a. Technical POC: Name \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

b. Budget POC: Name \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

c. Original Government cost estimate from GSA, DPW, PWC, or BCE (include with this form)

7. CHECKLIST ITEMS TO EXPEDITE/ASSIST PROCESSING OF REQUEST (include with form):

- a. Photographs of Repair/Project
- b. Sketch of Recommended Repair/Project

8. JUSTIFICATION FOR REPAIR/PROJECT

- a. Safety Hazard
- b. Mission Stopper
- c. Operationally Required
- d. Efficiency Improvement
- e. Quality of Life (Aesthetics)
- f. Other

9. MEPS COMMANDER'S OR HQ DIRECTOR'S SIGNATURE/DATE

10. ACTION OFFICER AND TELEPHONE NUMBER

11 TO BE COMPLETED BY FACILITIES DIRECTORATE PERSONNEL

- |          |                      |          |                 |
|----------|----------------------|----------|-----------------|
| a. _____ | Date Received        | e. _____ | RWA/MIPR Number |
| b. _____ | Project Number       | f. _____ | Project Manager |
| c. _____ | Approved/Disapproved | g. _____ | Date Completed  |
| d. _____ | Date Approved        |          |                 |

COORDINATION

- |          |              |          |                        |
|----------|--------------|----------|------------------------|
| a. _____ | Architecture | e. _____ | Chief of Staff         |
| b. _____ | Real Estate  | f. _____ | Operations             |
| c. _____ | Medical      | g. _____ | Resource Management    |
| d. _____ | Security     | h. _____ | Information Technology |

## INSTRUCTIONS

General. This form may be filled manually or electronically.

**BLOCK 1.** Self-explanatory.

**BLOCK 2.** State MEPS name and address.

**BLOCK 3.** THRU - Enter sector which MEPS falls under.

**BLOCK 4.** To - Requirement for MEPS. All annual work plan projects are prioritized by the sector commander.

**BLOCK 5.** Problem - State the problem or what is to be accomplished.

**BLOCK 6. Government points of contact and cost estimate.** Provide the name, address, telephone number, fax number, and e-mail of both the technical and budget contacts of the PWC, DPW, GSA, or BCE Government POC (only those contacts that are not MEPS personnel). A Government cost estimate with a date on it is required for all requests greater than \$2,500. For requests \$2,500 and below a cost estimate from a contractor/local vendor is acceptable if the Government building management/maintenance representative has approved and signed the cost estimate.

**BLOCK 7. Checklist of items to expedite/assist processing of request.**

- a. Photographs. A photograph often helps us validate your request.
- b. Sketches. If you are requesting to alter walls or build/delete structural items, then annotate on the sketch/floor plan. We need to know the dimensions of your specific request so we can tailor the Facilities Standard Designs accordingly.
- c. Estimate. Obtain a free estimate from the General Services Administration, lessor's building manager, Directorate of Engineering and Housing, etc. It assists us in programming funds.

**BLOCK 8. Justification for repair/project.** Determines the priority in which to fund a project.

**BLOCK 9.** (MEPS commander's or HQ director's signature and date). Self-explanatory.

**BLOCK 10.** (Action officer and telephone number). Self-explanatory.

**BLOCK 11. To be completed by Facilities Directorate Personnel.** This block is Facilities' internal method for tracking projects. Upon receipt of the facility work request, Facilities, HQ USMEPCOM, will log the request and if applicable, will coordinate with the appropriate directorate within HQ USMEPCOM.