

FILE FOLDER

DESCRIPTION ON TAB:

326

- Job orders closed -



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JOB ORDER NO	DATE COMPLETED <small>signed</small>	COST	DESCRIPTION
022-06741-620	4/18/62		Renovate
Contract	3/31/70		Renovate mechanical system
Contract	12/10/69		Exterior repairs & paint
587-131	2-28-66	448	Rpr ceramic tile
30803	5-3-68	2787	Rpr plaster - self help interior 2 coats, ceiling
OPF-102	8-30-67	130	Rpr concrete walk
4169	12-19-69	532	Rpl coil in steam generated water heater
4541	1-7-72		Rpr building for I.G. team
1115	1-10-74	357	Relocate 3 A/C + install outlets
4591	3-12-74		Paint 2 NCO Rooms 1 coat
4672	2-10-72	3179	Paint interior 1 coat
4494	12-19-75	559	Self
5035	3/17/76	2221	Self help paint
4981	2/26/76	1005	Self help paint
1168	2/15/77	56	Remove incandescent fit. + replace with fluorescent.
9004	10-9-79	2236	Install key telephone system
1075	12-6-79	738	Install floor tile in admin sect.
4032	Comp	1655	Secure inspection panel covers in hallway
4214	9-4-81	667	Rpl. conc. headwall
4058	8-20-82	555	Repr. A/C
4304	4/1/83	558	RPI window
3536	10/19/83	1935	RPI BRICK
4908	10/1/83	9612	RPR / RPI EXCT
3470	4-4-86	2122	Rpl ceramic tile, shower valves + repr. floor DRAIN
3557		9275	Dewinterize central A/R
✓ 4010	11-16-84	825	Rpl missing + damaged screen

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
4282		3227	
✓ 4291	8-31-84	638	Rpl Compressor in A/C system
✓ 4588	9-25-84	663	Rpl Compressor in A/C system
4917	5-8-85	5,229	Perform cyclic maint
✓ 5755	9-28-84	720	Rpl Compressor in A/C system
3414	1-12-90	4949	Remove substandard Paneling
1097	9-29-89	75,440	Upgrade Bldg for drug & alcohol Rehabilitation.
3075		1039	Change in scope of work, add'l file required
3075	4-6-90	5514	Repl floor covering (1st Admt -
3058	7-27-90	23730	Install 4 sets of I.C.-5 Commode Partitions, etc.
3457	10-29-90	4309	Install V-blinds (145)
0314	9-7-90	1053	Remove plaster wall to expose pipes, reinstall after repairs.
1141	4-23-91	836	FAB, PAINT & INSTALL STEEL FRAME FOR HEAVY PUNCTURING BAG
0310	5-29-91	959	CHANGE SWING DOORS
0325	10-4-91	210	APPLY NON SKID SAFETY ON ALL
4094	5-22-92	2110	PREP FLOOR IN SHOWERS/STAIRWELL.
4589	6-25-93	4586	pmv/Rpl Cond Units for AH
4897	5-6-94	9291	MISC RPRS TO BLDG
4897	5-6-94	3500	1ST AMD 2-14-94
4897	5-6-94	789	2 ND AMD 3-7-94
4897	5-6-94	4838	INST 8 EXT FANS
4897	5-6-94	333	4TH AMENDMENT
4897	5-6-94	5929	5TH AMEND
3441	2-16-96	1828	CHANGE DUCT WORK Purged 9/14/98
3692	2-23-96	10302	Rewire BLDG PURGED 9/99
4036	9-20-96	1095	INST LIGHTS PURGED 9/99

BLDG CLASS 2 PROPERTY RECORD
 (004) UIC..M67001 (001) PR NO.....2-04037
 MCB CAMP LEJEUNE NC (005) FACILITY NO..326
 (106) SPEC AREA....DA
 HADNOT POINT

LOCATION
 (101) COUNTRY..US UNITED STATES
 (102) STATE....37 NORTH CAROLINA
 (103) COUNTY...133 ONSLOW
 (104) CITY.....0735 CAMP LEJEUNE
 (105) AC.....05
 (107) MAP GRID.9N

GENERAL INFORMATION
 (007) ACTION.....CAP-IMPROV
 (008) FAM HOUSING....NO
 (009) EE DATE.....13 OCT 81
 (011) PR REVIEW DATE.13 OCT 81
 (010) FACILITY NAME..
 BEQ E1-E4

ACQUISITION
 (201) ESTATE.....13 OTHER MIL FUND
 (202) ACQ CONTRACT...NOY4750
 (203) ACQ DATE.....01 NOV 42
 (204) GOVT COST..... \$193,377
 (207) LAND CCN.....91140

MEASUREMENTS
 (301) LENGTH.... 157 FT
 (302) WIDTH..... 145 FT
 (303) HEIGHT.... 24 FT
 (304)/AREA..... 26,602 SF
 (308) AREA UM...
 (305) STORIES... 02
 (307) IRREGULAR. YES

CONSTRUCTION
 (401) YEAR BUILT.....1942
 (402) CONSTRUCTION TYPE..PERMANENT
 (403) YEAR IMPROVED.....

(404) ABMP CODE.....
 (409) PROJECT NO.....
 (410) HISTORIC IND...

MAINTENANCE
 (701) MAINT UIC..M67001 (702) PRIME USE....72111 (703) MFC...4 USMC

STATUS / MAX OCCUPANCY
 (502) CATEGORY CODE...17110 (501) USE..ACADEMIC INSTRUCTION BLDG
 (510) USER UIC.....M67001.....MCB CAMP LEJEUNE NC

AREA/SF*	OTHER/	ALT/PN	DEF CODES
ADEQ(515)	(516)	(517)	(524)
SBST(518).....702.00	(519)	(520).....40.00	(525)A30 C30 B26
INAD(521)	(522)	(523)	(526)
TOTAL	702.00	40.00	

TOTAL

702.00

IND(511)

(522)

(523)

(526)

282T(518)

702.00 (519)

(520).....40.00 (525)A30 C30 B50

AD0(515)

(516)

(517)

(524)

AREAS*

OTHER

ALTP

DEF CODES

(701) MAINT UIC..M67001

(702) PRIME USE.....V2111

(703) MFC....4 USMC

(505) CATEGORY CODE...17110

(501) USE..ACADEMIC INSTRUCTION BLDG

(510) USER UIC.....M67001.....MCB CAMP LEJUNE NC

(503) YEAR IMPROVED.....

(502) CONSTRUCTION TYPE..PERMANENT

(504) AMP CODE.....

(401) YEAR BUILT.....1942

(402) HISTORIC IND.....

(403) PROJECT NO.....

CONSTRUCTION

(507) LAND CON.....9140

(504) GOVT COST.....\$193,377

(503) ACQ DATE.....01 NOV 42

(502) ACQ CONTRACT...NDY4750

(501) ESTATE.....13 OTHER MIL FUND

ACQUISITION

(107) MAP GRID..9N

(102) AC.....02

(104) CITY.....0732 CAMP LEJUNE

(103) COUNTY...133 ONSL0W

(102) STATE...37 NORTH CAROLINA

(101) COUNTRY..US UNITED STATES

LOCATION

HADNOT POINT

(106) SPEC AREA...DA

(102) FACILITY NO..326

(1001) PR NO.....2-04037

BLDG

CLASS 2 5

PROPERTY RECORD

GENERAL INFORMATION

(1007) ACTION.....CAP-IMPROV

(1008) FAM HOUSING.....NO

(1009) EE DATE.....13 OCT 81

(1011) PR REVIEW DATE..13 OCT 81

(1010) FACILITY NAME..

BEG EI-E4

MEASUREMENTS

(301) LENGTH.....127 FT

(302) WIDTH.....142 FT

(303) HEIGHT.....24 FT

(304) AREA.....26,602 SF

(308) AREA UM.....

(305) STORIES...05

(307) IRREGULAR..YES

BLDG

CLASS 2 PROPERTY RECORD
(C-O-N-T-I-N-U-A-T-I-O-N)

(004) UIC..M67001
MCB CAMP LEJEUNE NC

(001) PR NO.....2-04037
(005) FACILITY NO..326
(106) SPEC AREA....DA
HADNOT POINT

(502) CATEGORY CODE...61072 (501) USE..BATTLN SQUADRN HQ (MARCOR)
(510) USER UIC.....M67001.....MCB CAMP LEJEUNE NC

	AREA/SF*	OTHER/	ALT/	DEF CODES
ADEQ(515)		(516)	(517)	(524)
SBST(518).....	5,872.00	(519)	(520)	(525)A30 C30 E28
INAD(521)		(522)	(523)	(526)
TOTAL	5,872.00			

(502) CATEGORY CODE...72111 (501) USE..UEPH E1/E4
(510) USER UIC.....M67001.....MCB CAMP LEJEUNE NC

	AREA/SF	OTHER/PN*	ALT/	DEF CODES
ADEQ(515)		(516)	(517)	(524)
SBST(518).....	20,028.00	(519).....74.00	(520)	(525)A30 B04 B26
INAD(521)		(522)	(523)	(526)
TOTAL	20,028.00	74.00		

BLDG

CLASS 2 PROPERTY RECORD

(C-O-N-T-I-N-U-A-T-I-O-N)

(004) UIC..M7001
 (005) FACILITY NO..328
 (100) SPEC AREA...DA
 HADNOT POINT

(001) PR NO.....S-04037

MCB CAMP LEJUNE NC

(505) CATEGORY CODE...61075
 (501) USE..BATTLN SQUADRN HQ (MARCOR)

(510) USER UIC.....M7001.....MCB CAMP LEJUNE NC

DEF CODES	AREA2F*	OTHER\	ALT\
ADEQ(515)	(516)	(517)	(524)
2B2T(518).....2,875.00 (519)	(520)	(520)	(525)A30 C30 E58
INAC(521)	(522)	(523)	(526)
TOTAL	2,875.00		

(505) CATEGORY CODE...72111
 (501) USE..LEPH BIVV4

(510) USER UIC.....M7001.....MCB CAMP LEJUNE NC

DEF CODES	AREA2F*	OTHER\	ALT\
ADEQ(515)	(516)	(517)	(524)
2B2T(518).....20,028.00 (519)	(520)	(520)	(525)A30 B04 B58
INAC(521)	(522)	(523)	(526)
TOTAL	20,028.00	74.00	

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DESCRIPTION:

work requests

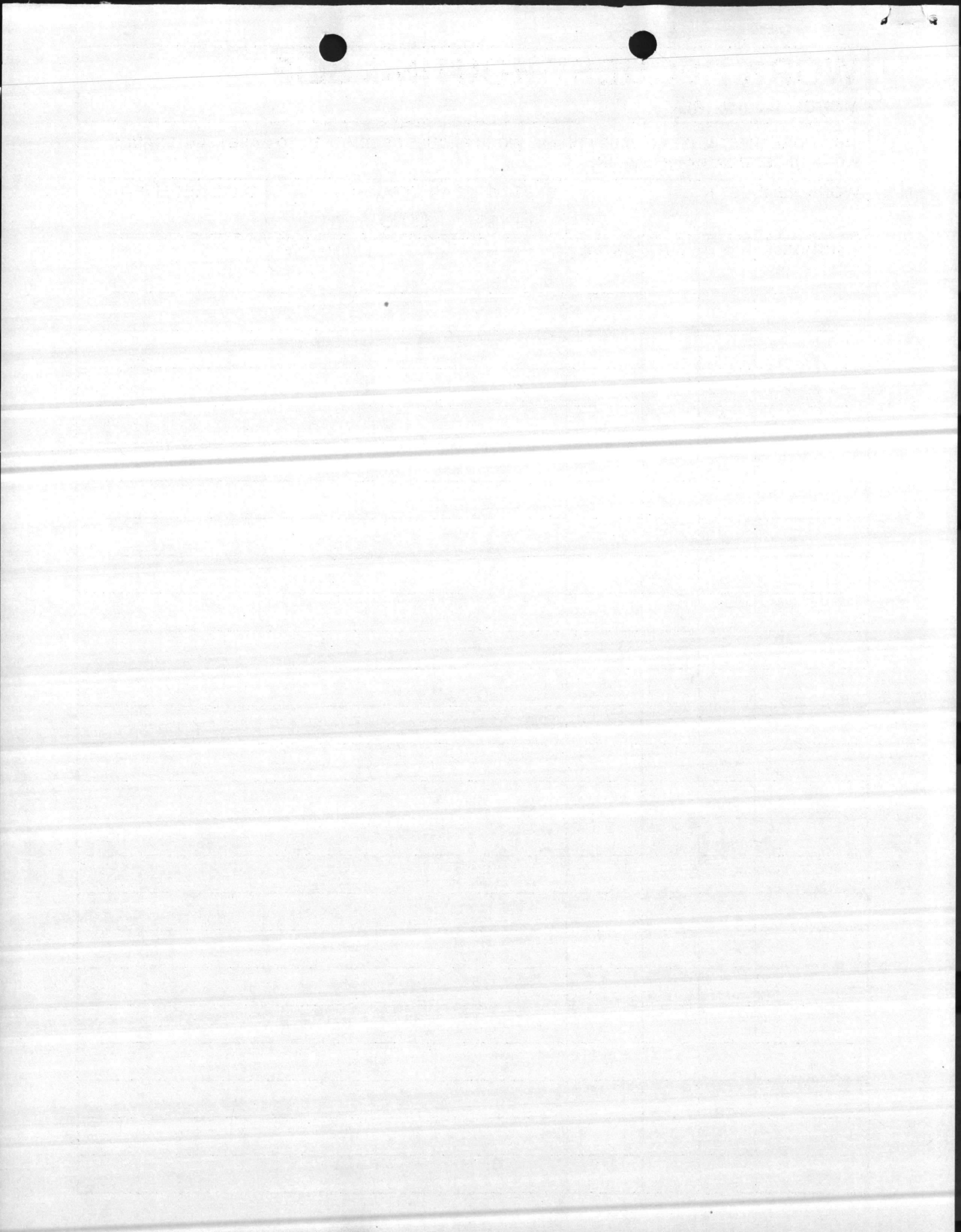


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WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVYAC 0-1001/20 001. 1-40 0-1001/20 001.000
 Standard NAVYAC 001

Bldg 326

UPR Department and Substation
 or NAVYAC 00-071

B071

Request on Structures in Service Bld

PART I - REQUEST (Filled out by Requester)

1. LOCATION SARP Building 326	6. WORKER NO. 326 636
2. DESCRIPTION MCB MAINTENANCE VIA NH FACILITIES	7. DATE OF WORK 4/23/03
3. ESTIMATED COST <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> ESTIMATE NO. OF WORK	8. ESTIMATED DURATION
4. REPORTING OFFICER'S NAME JUDY EARP 451-0245	9. ESTIMATED DURATION <input type="checkbox"/> YES <input type="checkbox"/> NO

10. **DESCRIPTION OF WORK AND APPROPRIATION** (Including location, type, size, quantity, etc.)
*Replace missing Brick, EXIT DOOR
 top floor Counselor section.
 Safety issue could trip coming out
 door during fire.*

41 mason?

03-77323

*MCB Property Repair
 Non Reimbursable
 Please investigate & Repair*

Shel

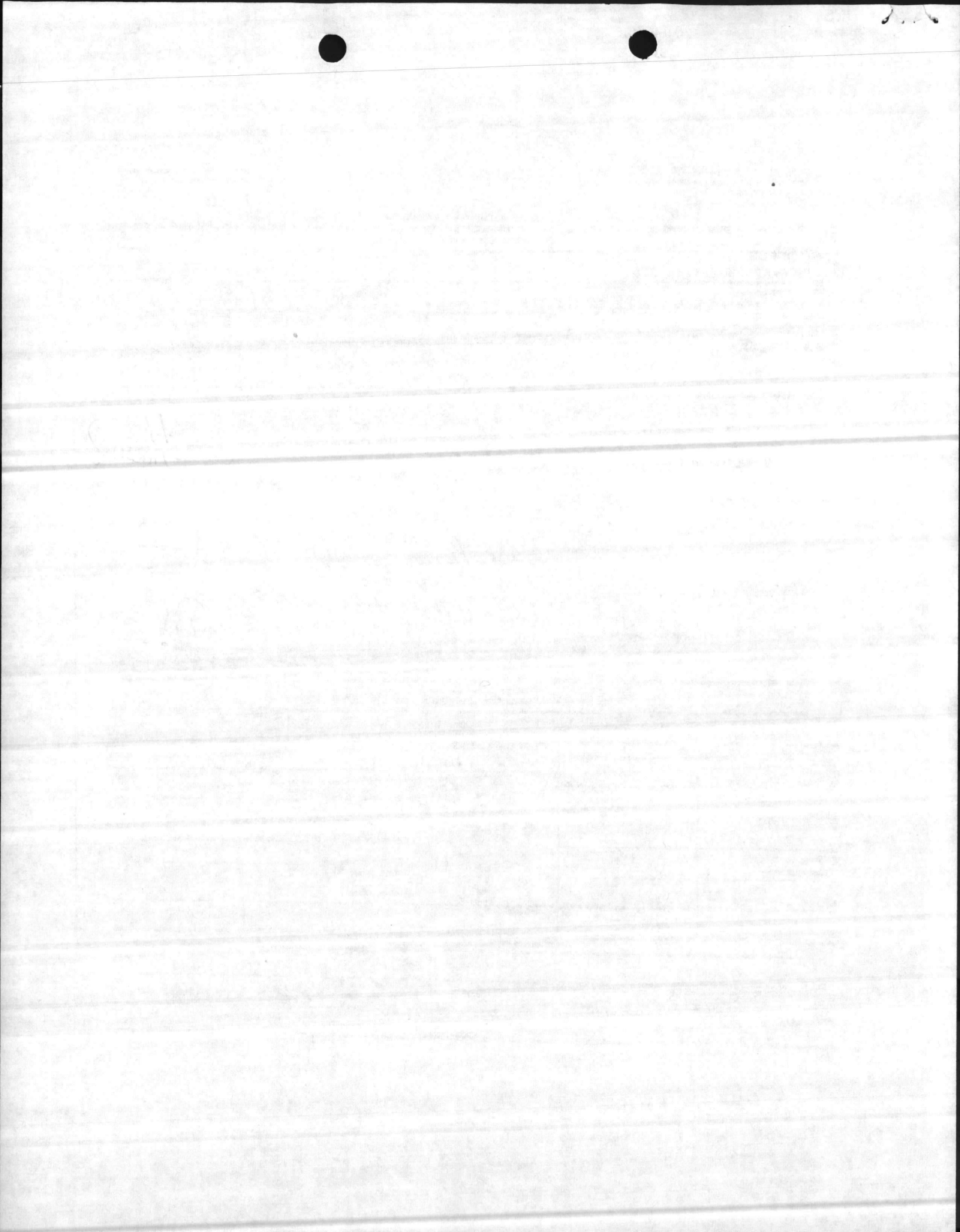
ELB

PART II - COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. ESTIMATE	12. ESTIMATE NO.												
13. COST ESTIMATE	14. ESTIMATE NO. OF WORK												
<table border="1"> <tr> <td>a. Labor</td> <td>0</td> </tr> <tr> <td>b. Material</td> <td>0</td> </tr> <tr> <td>c. Overhead and/or Burden</td> <td>0</td> </tr> <tr> <td>d. Equipment Rental/Usage</td> <td>0</td> </tr> <tr> <td>e. Contingency</td> <td>0</td> </tr> <tr> <td>f. TOTAL</td> <td>0</td> </tr> </table>	a. Labor	0	b. Material	0	c. Overhead and/or Burden	0	d. Equipment Rental/Usage	0	e. Contingency	0	f. TOTAL	0	15. APPROVAL <input type="checkbox"/> APPROVED - PROGRAMMED TO START BY _____ <input type="checkbox"/> APPROVED - LASED ON PRESENT WORKLOAD, THE JOB CAN BE PROGRAMMED TO START BY _____ <input type="checkbox"/> APPROVED BY _____ AND WORK HAS BEEN APPROVED. <input type="checkbox"/> REAPPROVED (See Service Bld)
a. Labor	0												
b. Material	0												
c. Overhead and/or Burden	0												
d. Equipment Rental/Usage	0												
e. Contingency	0												
f. TOTAL	0												
16. ESTIMATE	17. ESTIMATE												

PART III - ACTION (Filled out by Requester)

18. APPROPRIATION TO REQUEST & APPROVED (Check one if other than PW funds are involved) <input type="checkbox"/> MAINTENANCE FUND <input type="checkbox"/> OTHER	19. DATE REQUESTED <input type="checkbox"/> HAS BEEN REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE REQUESTED IN OTHER
20. ESTIMATE	21. ESTIMATE



WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC P-11014/00 REV. 3-001 5/01 0100-01-000-7000
 1-000000 NAVFACD 1001

Bldg 326

(For Department and Requester to NAVFAC FORMS)

3071

Requester and Approving or Reviewing

PART I - REQUEST (Filled out by Requester)

1. TO: SARP Building 326		3. WORK NO.: 326 628
2. FROM: MCB MAINTENANCE VIA NH FACILITIES		4. DATE OF WORK: 04 APR 03
5. REQUEST FOR: <input type="checkbox"/> COPI ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		6. WORK ORDER DATE: 07 APR 03
7. REQUESTOR NAME: JUDY EARP 451-0245		8. ESTIMATE NUMBER: <input type="checkbox"/> <input checked="" type="checkbox"/>

9. DESCRIPTION OF WORK AND AUTHORITY (including location, room, etc. number, etc.)

*Pls Consideration in Command area
 - Hallway/ Rm not working
 Repair A/C in Room & Hallway
 SEE AOC*

*MCB Property Repair
 Non Reimbursable
 Please investigate & correct*

Ed B

10. NAME OF REQUESTOR: *[Signature]*

PART II - COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO: <input type="checkbox"/> COPI ESTIMATE		12. BUDGET/PLAN NUMBER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>03-70234</i>
13. Labor	0	14. <input type="checkbox"/> APPROVED. NECESSARILY TO START IN _____ <input type="checkbox"/> APPROVED. LAMP ON PERIOD WORKLOAD. THIS JOB CAN BE DEFERRED TO START IN _____ AUTHORITY OF BOTH OF _____ AND _____ ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
13. Materials	0	
13. Overhead and/or Burcharge	0	
13. Equipment Rental/Usage	0	
13. Contingency	0	
13. TOTAL	0	15. SIGNATURE: _____

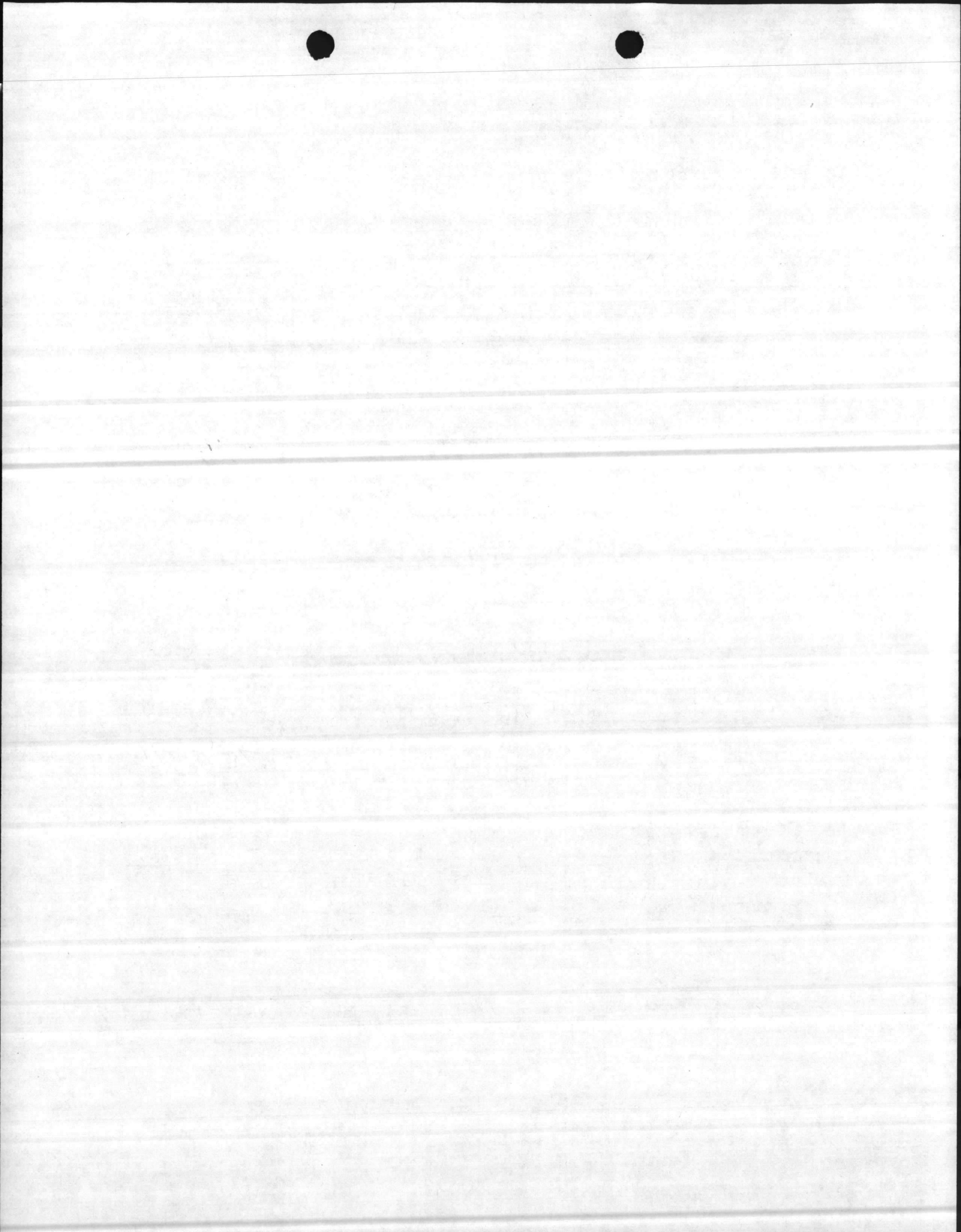
PART III - ACTION (Filled out by Requester)

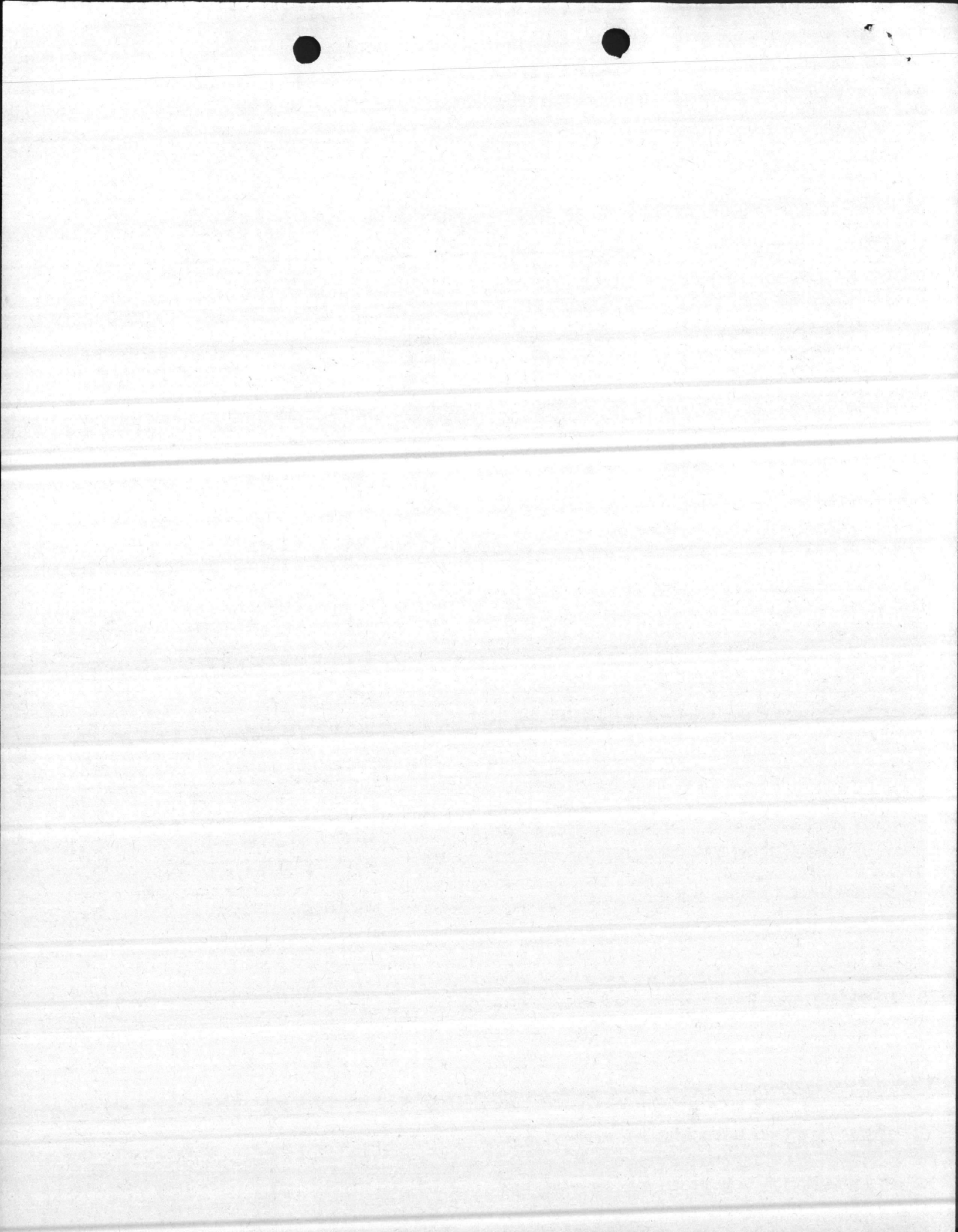
16. AUTHORIZATION TO PROCEED IS AUTHORIZED (Check one if other than full funds are involved)

MAINTENANCE OTHER

17. DATE: _____

18. WORK REQUESTED: HAS BEEN COMPLETED HAS BEEN DEFERRED WILL BE DEFERRED AT A LATER DATE





Bldg 326

WORK REQUEST (MAINTENANCE MANAGEMENT)
MAXIMUM 50000/50000 1-800 678 6888-6888-6888
Approved: PARROTT 1001

(For Department use - Instructions on NAVJRO 450-001)

3071

Requester or Approver of Service Code

PART I - REQUEST (Filled out by Requester)

1. WORK CENTER SARP Building 326	2. WORK ORDER NO. 326604
3. WORK DESCRIPTION MCB MAINTENANCE VIA NH FACILITIES	4. DATE OF ORDER 2/20/03
5. REQUESTOR NAME JUDY EARP 451-0245	6. ESTIMATE DATE 2/24/03
7. REQUESTOR PHONE 451-0245	8. REQUESTOR SIGNATURE

9. Description of Work and Estimated (including location, etc. see remarks sec.)

Hollow wall counselor area near main entrance

03-52979

Shon

MCB Property Repair
NON REimbursable
Please inspect & correct

10. WORK ORDER NO.

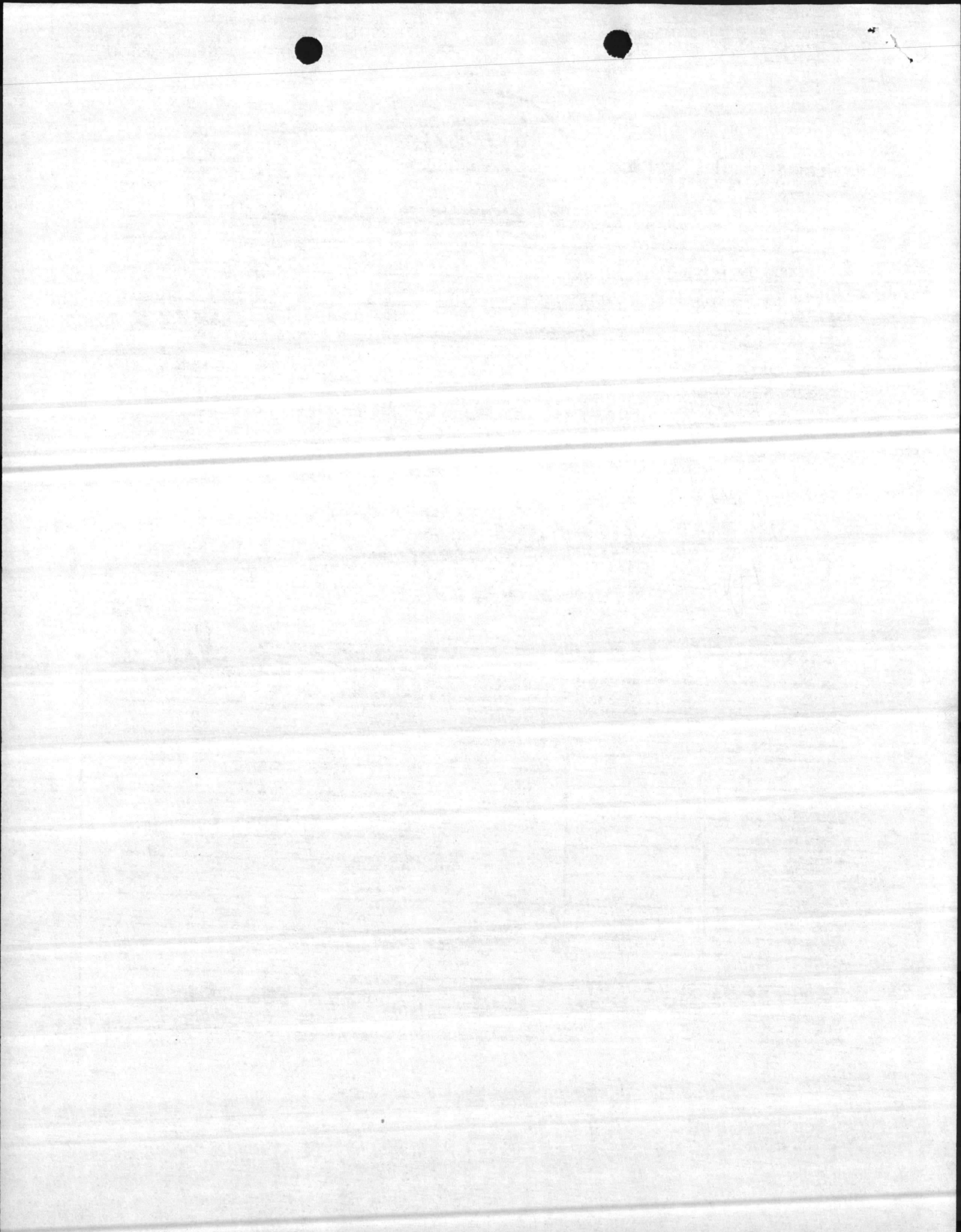
PART II - COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. COST CENTER	12. WORK PLAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
13. COST CATEGORY	14. APPROVED BY <input type="checkbox"/> APPROVED - PROGRAMMER TO START BY _____ <input type="checkbox"/> APPROVED - BASED ON REQUEST WORKSHEET, THIS JOB CAN BE PROGRAMMER TO START BY _____ <input type="checkbox"/> APPROVED BY BOTH OF _____ AND _____ AND MAKE SURE <input type="checkbox"/> UNAPPROVED (See Service Code)
15. LABOR	16. DATE
17. MATERIAL	
18. OVERHEAD and/or Burden	
19. Equipment Rental/Usage	
20. Contingency	
21. TOTAL	

PART III - ACTION (Filled out by Requester)

22. APPROVED TO REQUEST IS APPROVED (Check one if other than PW funds are involved) <input type="checkbox"/> NECESSARY 100 <input type="checkbox"/> OTHER	23. WORK ORDER NO. <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN OPENED <input type="checkbox"/> WILL BE REOPENED BY _____
24. SERVICE	25. DATE



WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 0-1011/00 DIV. 1-011 0/0 0100-00-000-000
 Authority: NAVFACOM 001

Bldg 326

B071

Report on Instructions on Form 100

PART I - REQUEST (Filled out by Requester)

1. WORK CENTER: *576603*

2. DATE OF ORDER: *2/20-03*

3. ORDER NUMBER: *2/24/03*

4. WORK CENTER: YES NO

5. WORK CENTER: YES NO

6. WORK CENTER: YES NO

7. WORK CENTER: YES NO

8. WORK CENTER: YES NO

9. WORK CENTER: YES NO

10. WORK CENTER: YES NO

11. WORK CENTER: YES NO

12. WORK CENTER: YES NO

13. WORK CENTER: YES NO

14. WORK CENTER: YES NO

15. WORK CENTER: YES NO

16. WORK CENTER: YES NO

17. WORK CENTER: YES NO

18. WORK CENTER: YES NO

19. WORK CENTER: YES NO

20. WORK CENTER: YES NO

21. WORK CENTER: YES NO

22. WORK CENTER: YES NO

23. WORK CENTER: YES NO

24. WORK CENTER: YES NO

25. WORK CENTER: YES NO

26. WORK CENTER: YES NO

27. WORK CENTER: YES NO

28. WORK CENTER: YES NO

29. WORK CENTER: YES NO

30. WORK CENTER: YES NO

31. WORK CENTER: YES NO

32. WORK CENTER: YES NO

33. WORK CENTER: YES NO

34. WORK CENTER: YES NO

35. WORK CENTER: YES NO

36. WORK CENTER: YES NO

37. WORK CENTER: YES NO

38. WORK CENTER: YES NO

39. WORK CENTER: YES NO

40. WORK CENTER: YES NO

41. WORK CENTER: YES NO

42. WORK CENTER: YES NO

43. WORK CENTER: YES NO

44. WORK CENTER: YES NO

45. WORK CENTER: YES NO

46. WORK CENTER: YES NO

47. WORK CENTER: YES NO

48. WORK CENTER: YES NO

49. WORK CENTER: YES NO

50. WORK CENTER: YES NO

51. WORK CENTER: YES NO

52. WORK CENTER: YES NO

53. WORK CENTER: YES NO

54. WORK CENTER: YES NO

55. WORK CENTER: YES NO

56. WORK CENTER: YES NO

57. WORK CENTER: YES NO

58. WORK CENTER: YES NO

59. WORK CENTER: YES NO

60. WORK CENTER: YES NO

61. WORK CENTER: YES NO

62. WORK CENTER: YES NO

63. WORK CENTER: YES NO

64. WORK CENTER: YES NO

65. WORK CENTER: YES NO

66. WORK CENTER: YES NO

67. WORK CENTER: YES NO

68. WORK CENTER: YES NO

69. WORK CENTER: YES NO

70. WORK CENTER: YES NO

71. WORK CENTER: YES NO

72. WORK CENTER: YES NO

73. WORK CENTER: YES NO

74. WORK CENTER: YES NO

75. WORK CENTER: YES NO

76. WORK CENTER: YES NO

77. WORK CENTER: YES NO

78. WORK CENTER: YES NO

79. WORK CENTER: YES NO

80. WORK CENTER: YES NO

81. WORK CENTER: YES NO

82. WORK CENTER: YES NO

83. WORK CENTER: YES NO

84. WORK CENTER: YES NO

85. WORK CENTER: YES NO

86. WORK CENTER: YES NO

87. WORK CENTER: YES NO

88. WORK CENTER: YES NO

89. WORK CENTER: YES NO

90. WORK CENTER: YES NO

91. WORK CENTER: YES NO

92. WORK CENTER: YES NO

93. WORK CENTER: YES NO

94. WORK CENTER: YES NO

95. WORK CENTER: YES NO

96. WORK CENTER: YES NO

97. WORK CENTER: YES NO

98. WORK CENTER: YES NO

99. WORK CENTER: YES NO

100. WORK CENTER: YES NO

1. DESCRIPTION OF WORK AND APPROXIMATE (Indicate location from the center of)

Remove electrical conduit from partition Room divider, so the partition can be disassembled & removed.

41

03-52669

*MAINTENANCE ASSISTANCE
 REF NAV COM 2275
 N6809303 WR MM 001*

HOOP

[Signature]

PART II - COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

1. COST ESTIMATE

a. Labor	\$	
b. Material	\$	
c. Overhead and/or Burden	\$	
d. Equipment Rental/Usage	\$	
e. Contingency	\$	
TOTAL	\$	

2. APPROVALS

YES NO

APPROVED. PROGRAMMED TO START BY _____

APPROVED. BASED ON PERSON WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START BY _____

APPROVED BY BOTH OF _____ AND _____ AND FEEDBACK MADE APPROPRIATE.

DELAYED. USE FORM 1001.

PART III - ACTION (Filled out by Requester)

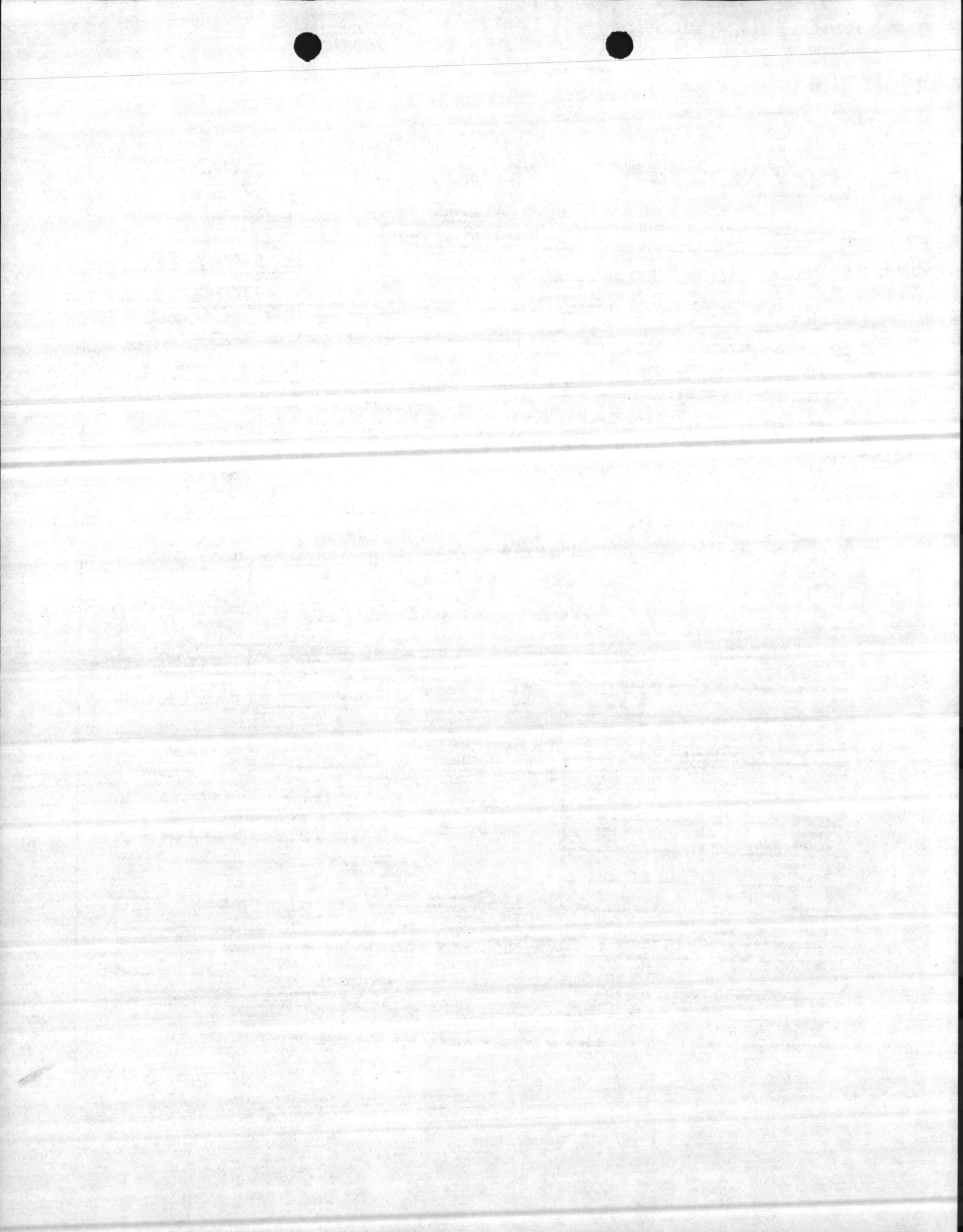
1. APPROVALS TO PROCEED IS ATTACHED (Check one if other than PW form are included)

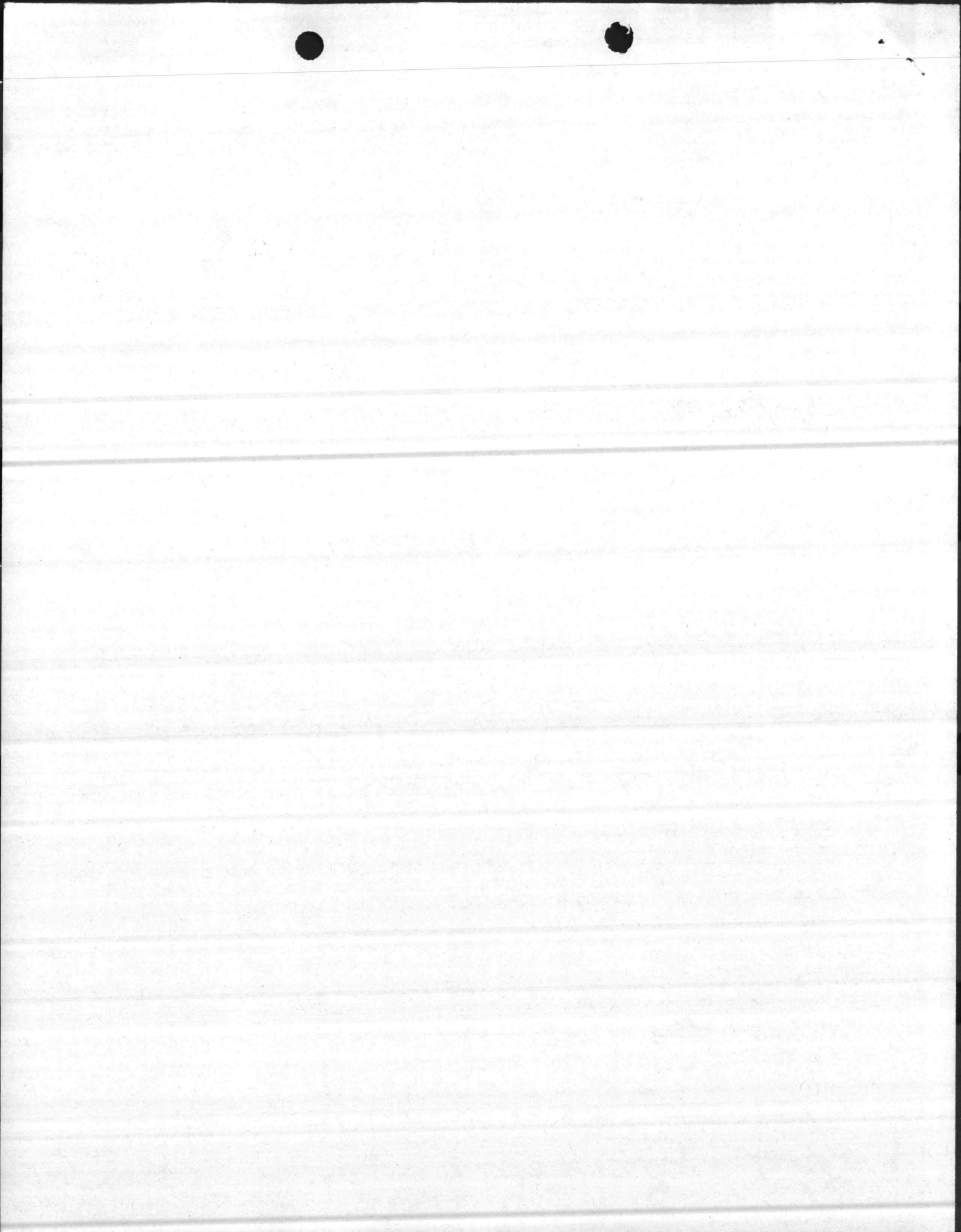
MAINTENANCE LOG OTHER

2. WORK CENTER

HAS BEEN ADVISED HAS BEEN ADVISED WILL BE ADVISED

3. DATE





WORK REQUEST (MAINTENANCE MANAGEMENT)
FORM 1-1994/95 USE 2-98 U/S OHS-12000.1-00
 4-2000-10/2000 001

Bldg 326

(OFF Department use instructions on NAVFAC 100-01)

B071

PART I - REQUEST (Filled out by Requester)

1. **NAVAL HOSPITAL CL "SARP" BLDG 326**

2. **BASE MAINTENANCE DIVISION, ATTN: RECEPTION DESK**
VIA: NAVAL HOSPITAL FACILITIES, ATTN: EARL BROWN

3. **JUDY EARPE 451-0245**

4. **326554**

5. **10/15/02**

6. COPY SENT TO PERFORMANCE OF WORK

7. YES NO

*038634
 03-8652 Insp
 03-8640-41
 03-8643-61
 03-8642-41
 03-8642-43*

1. Wires hanging down in Rooms 122, 124, 126 - Base facilities turned in request to base telephone.
2. Exit lights not on by front door, glass doors, staff locker room and by smoke deck.
3. Emergency lights are not functional in RM 102 and 119.
4. 1 broken urinal in Patient head.
5. Holes in wall in room 102 and Foyer-Directory Room
6. Light fixtures cover needed in Med room, Directory foyer, (5) female head, storage room, staff library, staff head-upstairs, Patient head, Hallway in front of Gatorade room.

*MCB Property Repair
 Not Reimbursable
 Please Investigate & Correct*

Earl Brown

PART II - COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

1. **12 COST ESTIMATE**

a. Labor	0
b. Material	0
c. Overhead and/or Overlays	0
d. Equipment Rental/Usage	0
e. Contingency	0
TOTAL	0

2. **13. ESTIMATED DURATION**

3. APPROVED. REQUIREMENTS TO START ON _____

4. APPROVED. WORK ON FRONT WHEELS. YOU AND CAN BE REQUIREMENTS TO START ON _____

5. UNAPPROVED. SEE SUPERVISOR.

6. YES NO

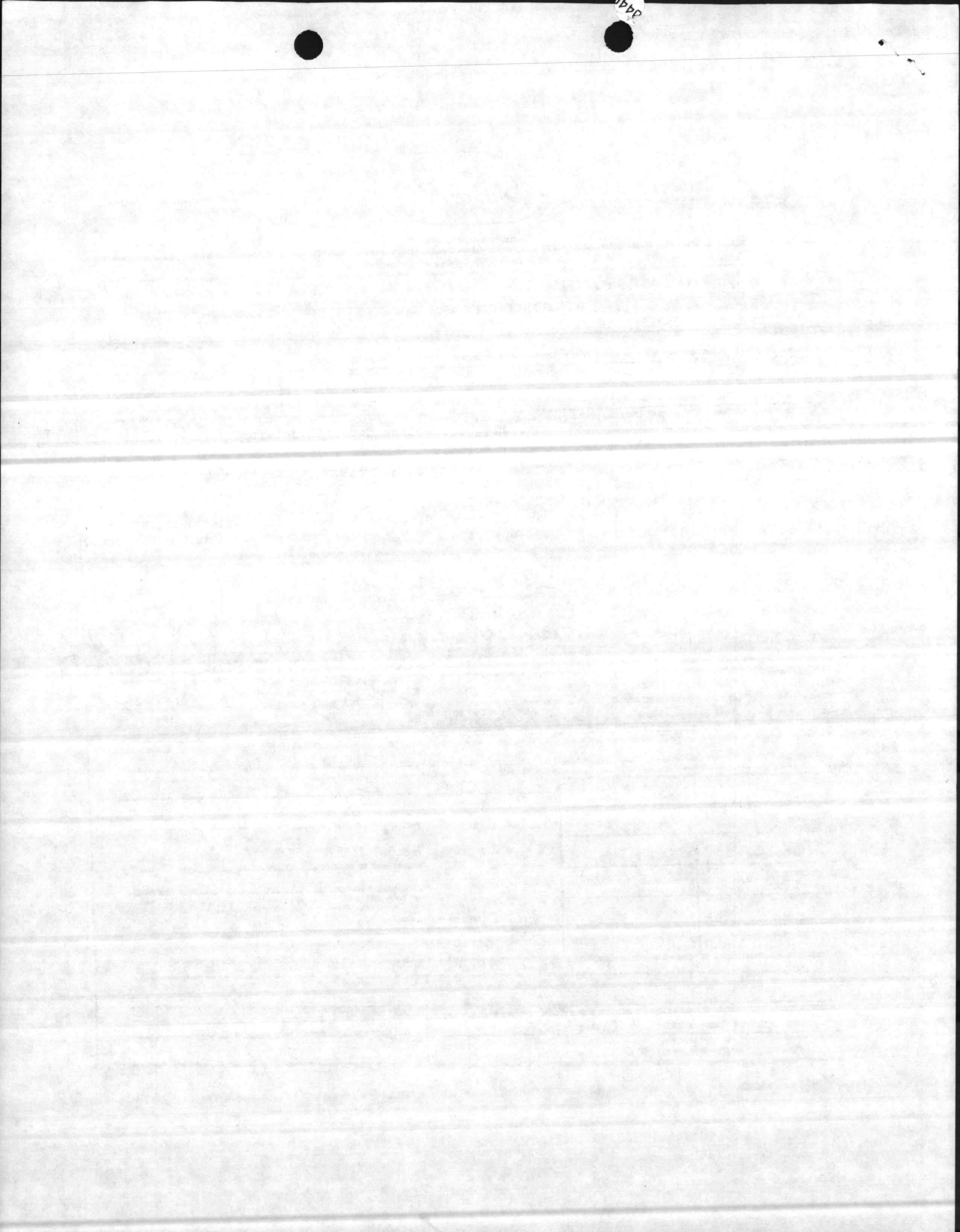
PART III - ACTION (Filled out by Requester)

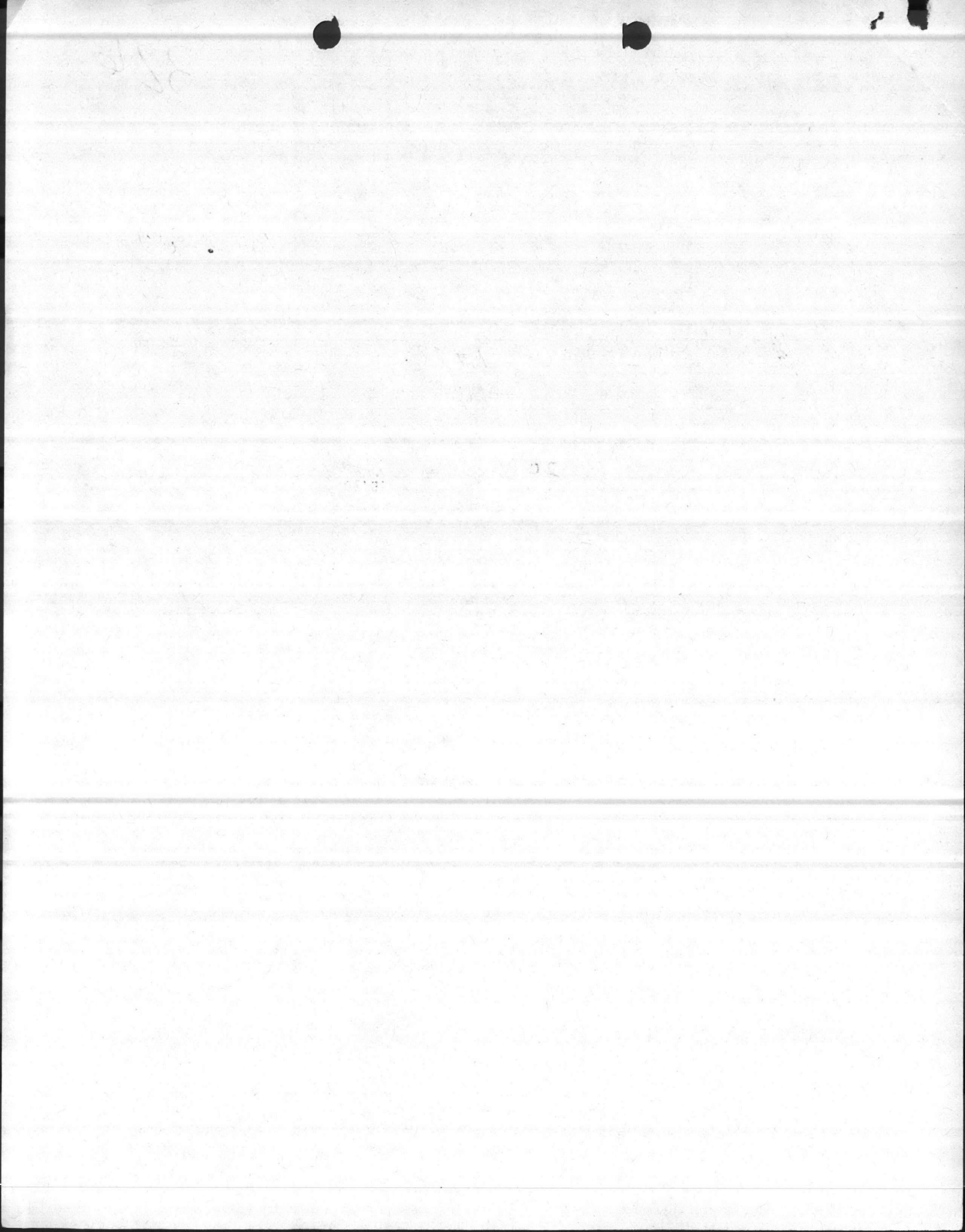
7. **14. AUTHORIZATION TO PROCEED IS APPROVED (Check one if other than PW form are needed)**

8. NECESSARY LOG OTHER

9. **15. WORK REQUESTED**

10. HAS BEEN COMPLETED HAS BEEN DEFERRED WILL BE RESPONDED BY OTHER





WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 8-1114/20 REV. 3-87 7/41 0143-13-000-7110
Approved by NAVFACSS 7051

Bldg 326

UPW Department and Installation
is NAVFAC 870-001

Explain on Description of Request Side

B 071

PART I - REQUEST (Filed out by Requester)

1. NO. NAVAL Hospital CL "SARP" Bldg 326	2. REQUEST NO. 326547
3. NO. MCB Maintenance "Pest Control"	4. DATE OF SERVICE 02 Oct 02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> INFORMATION OF WORK	6. REQUESTED START DATE 03 Oct 02
7. FOR FURTHER INFORMATION CALL Judy EARP @ 451-0245	8. APPROVALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9. DESCRIPTION OF WORK AND JUSTIFICATION (including location, type, date, priority, etc.)	

Bldg 326

**PLEASE investigate & TREAT
Bldg 326 For ROACHES & MICE.**

RW

**MCB Property
NON REimbursable
PLEASE investigate & CORRECT**

10. WORK CLASSIFICATION	11. WORK AUTHORITY (Signature)
-------------------------	--------------------------------

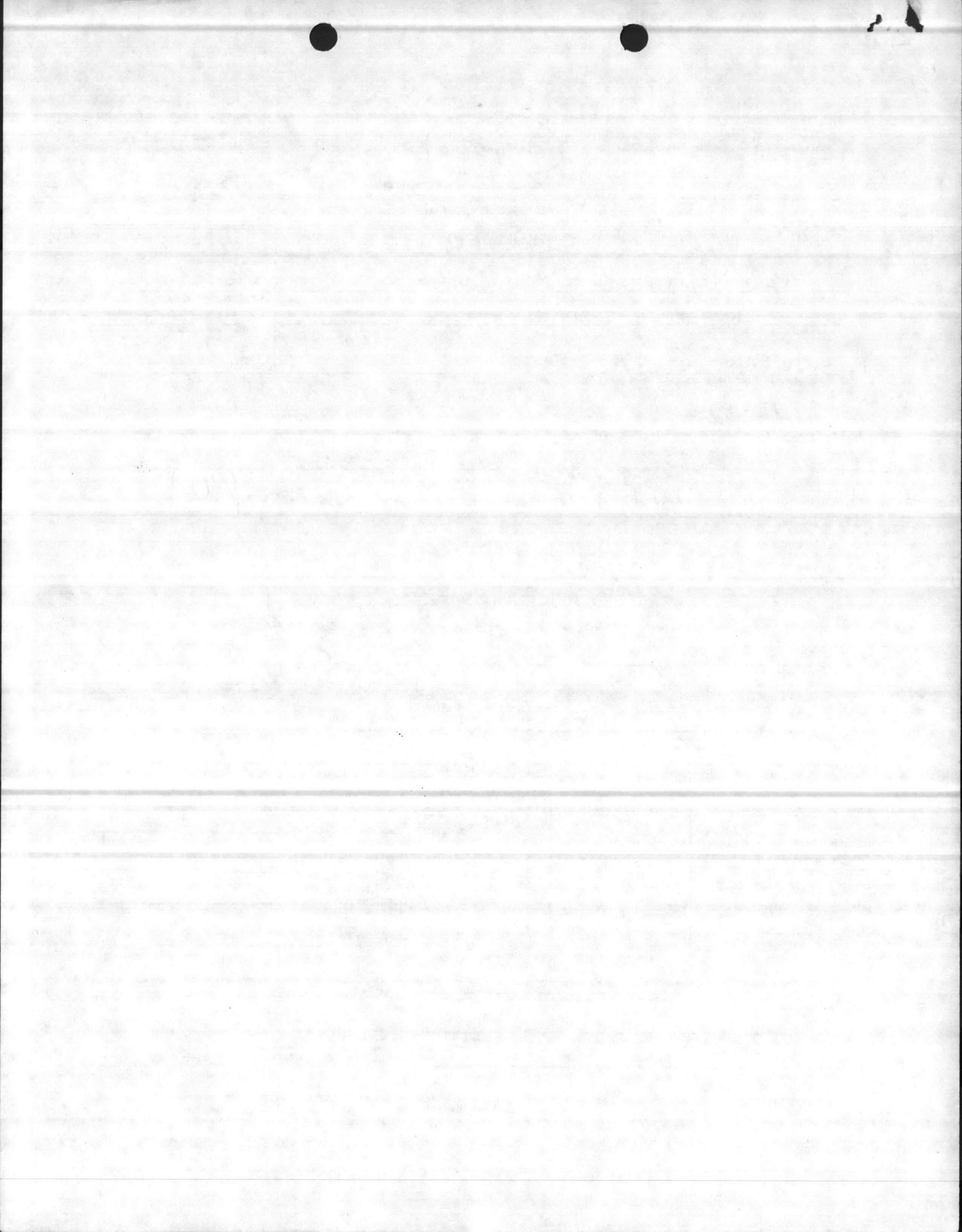
PART II - COST ESTIMATE
(Filed out by Maintenance Control Division if estimate requested)

12. NO.	13. ESTIMATE NO.												
14. COST ESTIMATE	15. CHECK/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO												
<table border="1"> <tr> <td>a. Labor</td> <td>\$</td> </tr> <tr> <td>b. Material</td> <td>\$</td> </tr> <tr> <td>c. Overhead STANDARD OVERHEAD</td> <td>\$</td> </tr> <tr> <td>d. Equipment Rental/Lease</td> <td>\$</td> </tr> <tr> <td>e. Contingency</td> <td>\$</td> </tr> <tr> <td>f. TOTAL</td> <td>\$</td> </tr> </table>	a. Labor	\$	b. Material	\$	c. Overhead STANDARD OVERHEAD	\$	d. Equipment Rental/Lease	\$	e. Contingency	\$	f. TOTAL	\$	16. APPROVED - PROGRAMMING TO START IN _____ 17. APPROVED - BASED ON PRESENT WORK ORDER, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY BOTH OF _____ AND _____ AND FUNDING IS AVAILABLE. <input type="checkbox"/> DISAPPROVED (Use Reverse Side)
a. Labor	\$												
b. Material	\$												
c. Overhead STANDARD OVERHEAD	\$												
d. Equipment Rental/Lease	\$												
e. Contingency	\$												
f. TOTAL	\$												
18. SIGNATURE	19. DATE												

PART III - ACTION (Filed out by Requester)

20. ALTERNATION TO REQUEST IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVFACMP 140 <input type="checkbox"/> OTHER	21. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHER
22. WORKSHEET NO.	23. DATE

(Use Part IV of Reverse Side)



WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC P-11016/88 REV. 3-80/1 2/4 0186-1A-003-7810
Supersedes NAVFAC 9361

Bldg 326

(PW Department and Instructions
in NAVFAC P-11016-88)

B071

Register on Backside on Reverse Side

PART I - REQUEST (Filled out by Requester)

1. NO. NAVAL HOSPITAL CL

2. NO. MCB MAINTENANCE "Locksmith"

3. REQUEST FOR PART WORKMAN SPECIALIZED WORK

4. FOR NUMBER INFORMATION CALL EARL BROWN 450-4901

5. DESCRIPTION OF WORK AND ASSIGNATION (including location, room, etc., ground, etc.)

6. REQUEST NO. 326 576

7. DATE OF REQUEST 20 NOV 02

8. SCHEDULED WORK START 22 NOV 02

9. SKETCH/PLAN ATTACHED

Change Lock on voice/data Closet
To P-4, SEE ATTACHED SKETCH

Hoop 45

MAINTENANCE ASSISTANCE
REF NAVCOMP 2275
N6809303WR 01001

03-90596

Earl Brown

10. PARTS QUANTITY

11. TO: (Filled out by Maintenance Control Division if estimate requested)

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 _____	
c. Overhead and/or Burden	\$	<input type="checkbox"/> APPROVED. PARTS ON PRESENT WORK ORDER, THIS JOB CAN BE _____	
d. Equipment Rental/Usage	\$	PROGRAMMING TO START IN _____ IF _____	
e. Contingency	\$	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.	
f. TOTAL	\$	<input type="checkbox"/> DISAPPROVED. (See Review Sheet)	

16. SIGNATURE

17. DATE

18. TO: PART III - ACTION (Filled out by Requester)

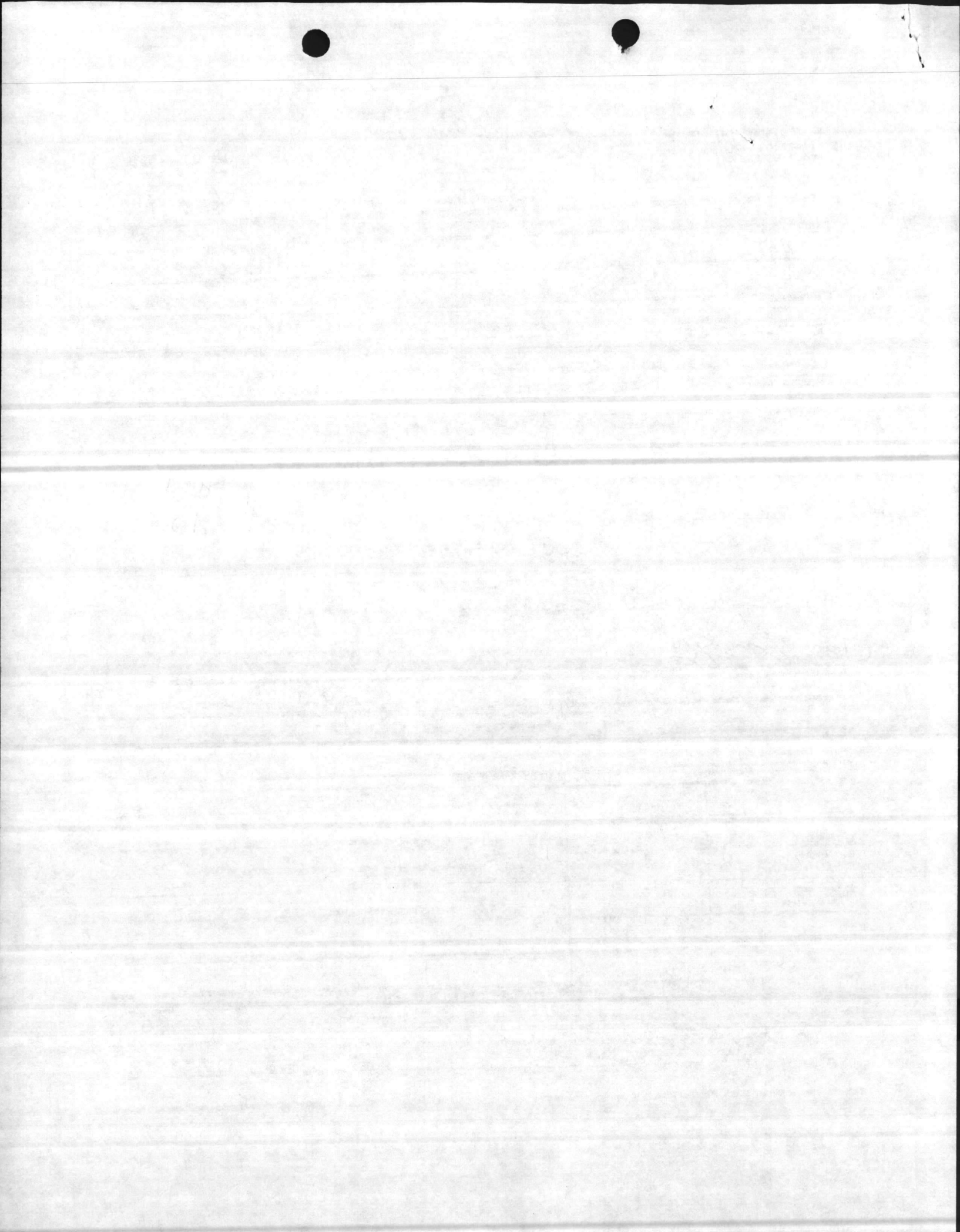
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one or other than PW funds are involved)

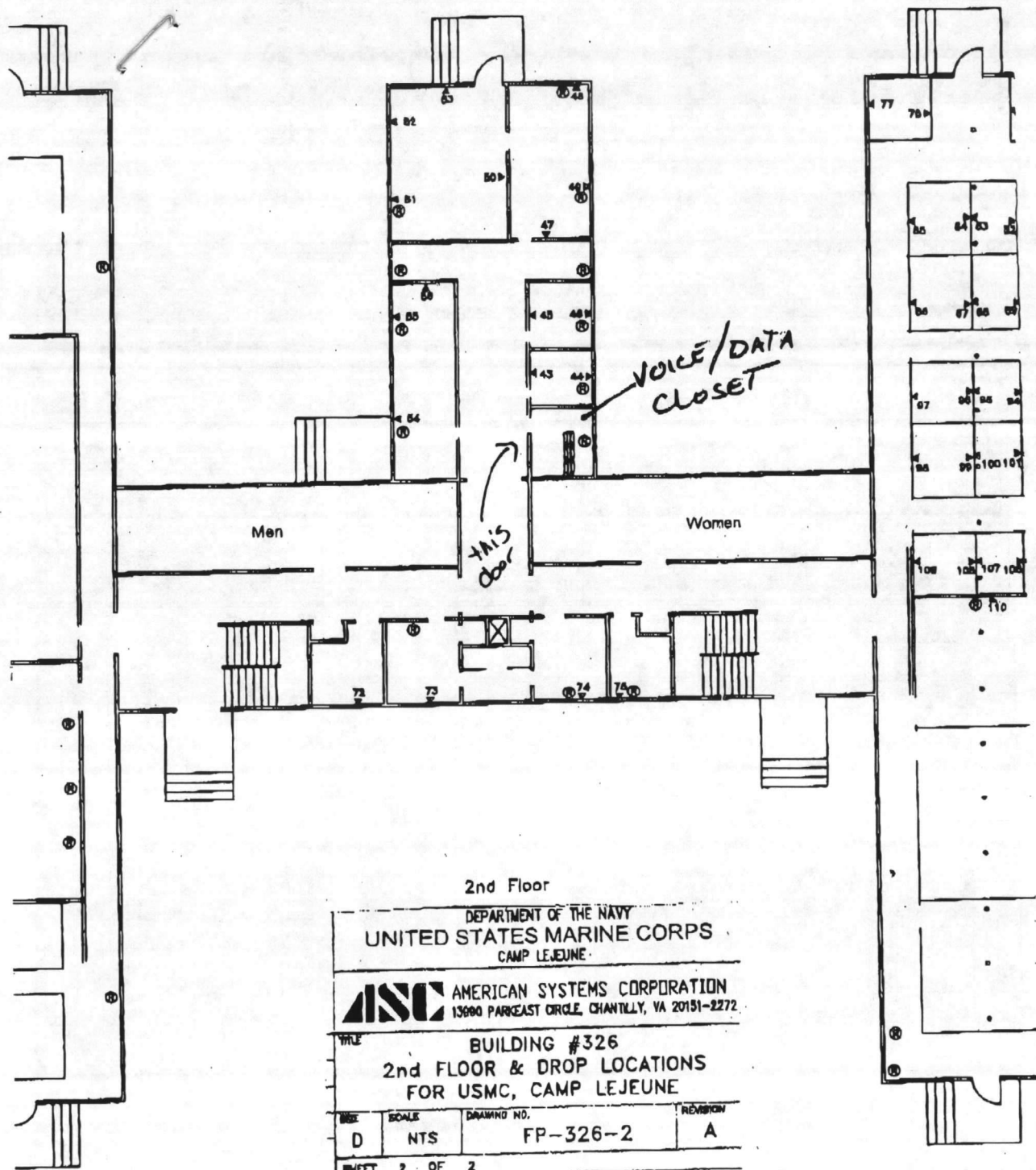
20. WORK REQUESTED HAS BEEN CANCELLED HAS BEEN DEFERRED WILL BE REOPENED BY OTHER

21. SIGNATURE

22. DATE

(See Part IV on Reverse Side)





NOTES :

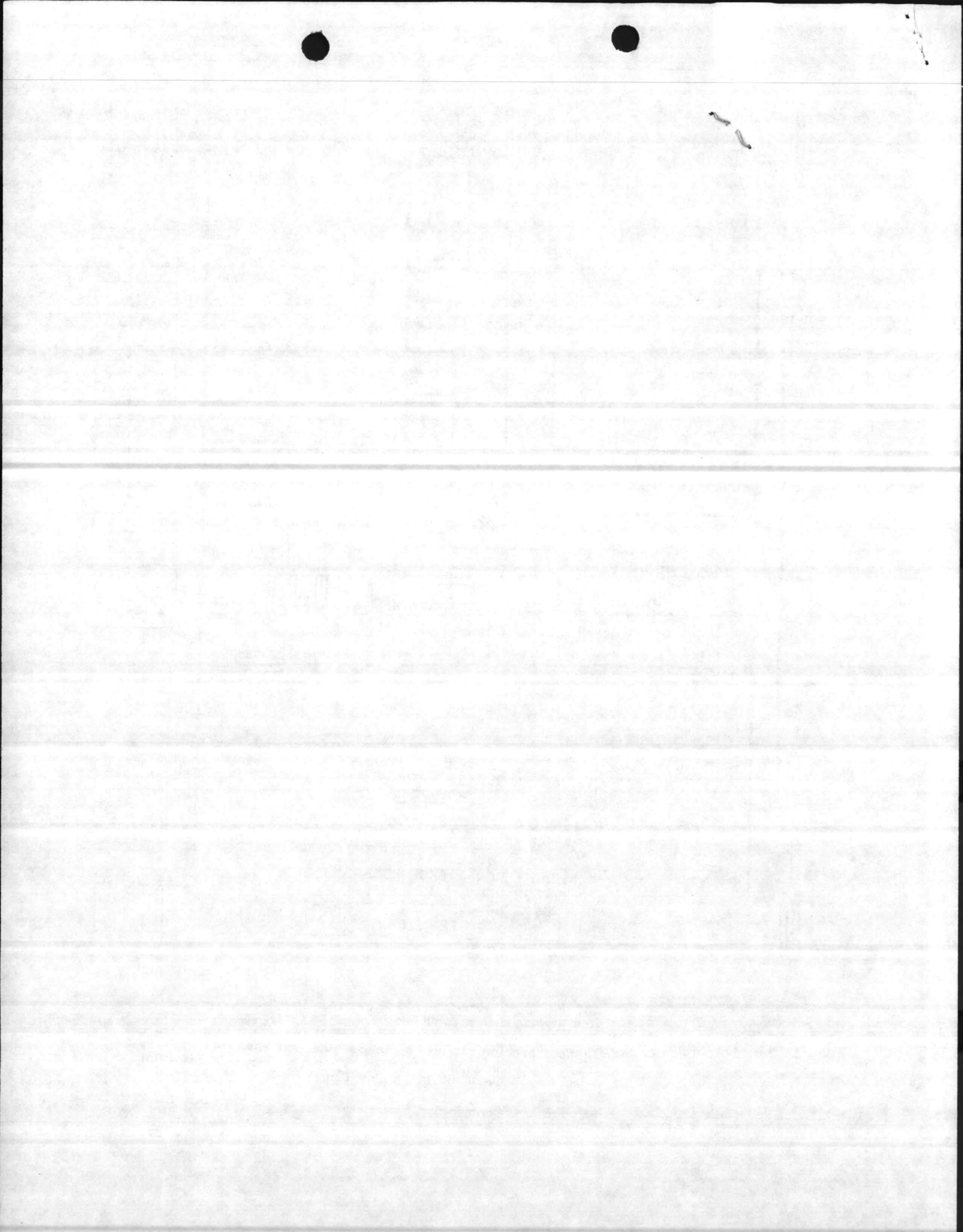
1. 100 PR. / 12 strand SM/ST
2. Use existing EMT at outlet locations wherever possible.
3. J-Hook pathways.
4. All floor penetrations are 1" unless otherwise specified.
5. Drops placed in modular furniture will have 1" conduit going into ceiling.
6. Telecommunications Room on 2nd floor.

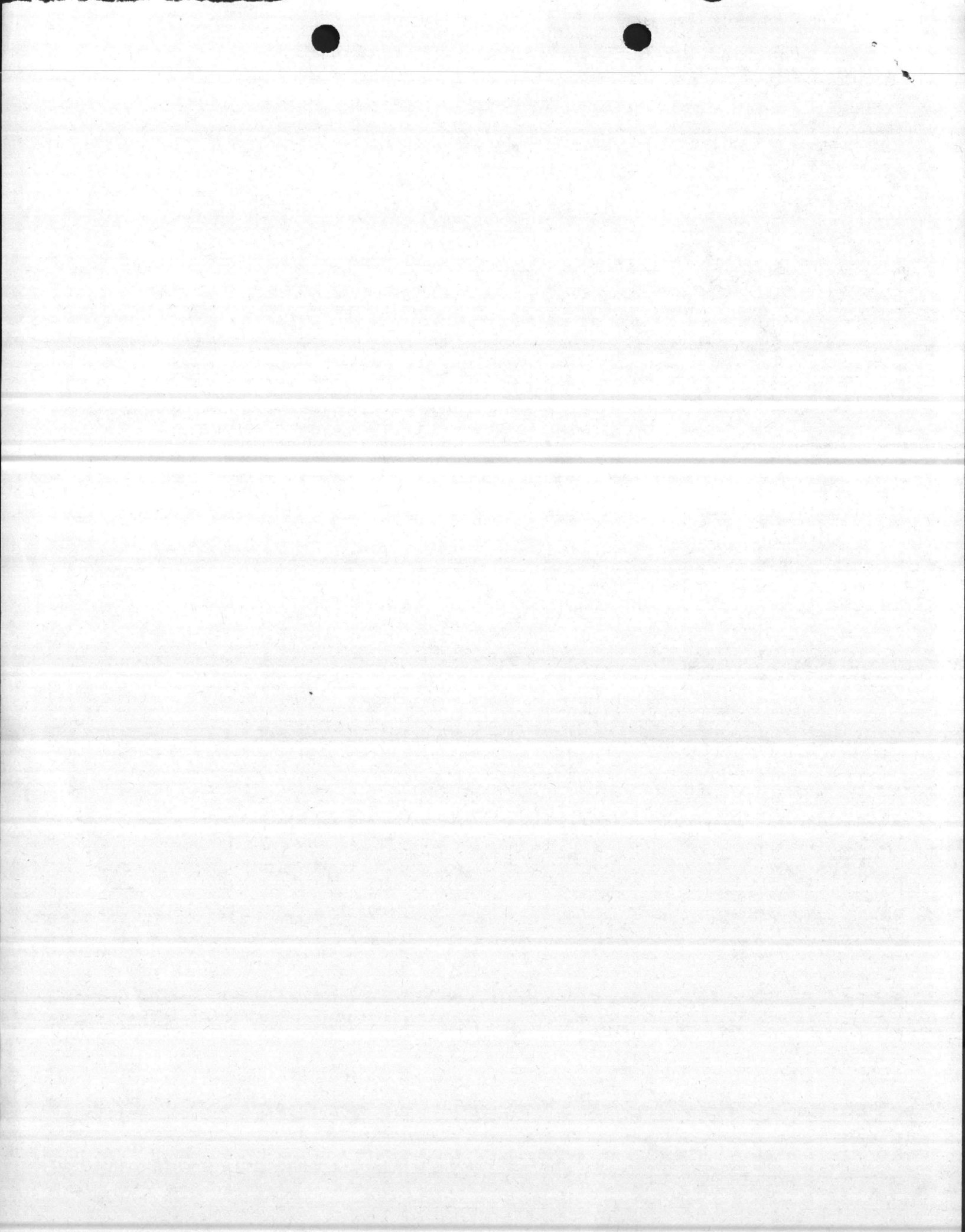
E

S

A

4





WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 01/18/02 REV. 2-00 1/18 0102-11-000-7000
Approved: NAVFAC 0102-11-000-7000

Bldg 326

UPR Department on Distribution
to NAVFAC (FOUO)

B071

PART I - REQUEST (Filled out by Requester)

1. REQUEST NO. SARP BLDG 326		2. WORK CENTER 02-034
3. TITLE MCB MAINTENANCE VIA NH FACILITIES		4. DATE OF WORK 18 NOV 02
5. ESTIMATED COST <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERSONNEL OR OTHER		6. REQUEST TYPE 18 NOV 02
7. REQUESTOR'S PHONE NUMBER Judy EARP 451-0245		8. ESTIMATED DURATION <input type="checkbox"/> YES <input type="checkbox"/> NO

HOLE IN WALL IN DIVISION SAGO ROOM

03-1940 RW

*Maintenance Assistance
Please Ref NAVCOM 2275
N6809303 WR MM001*

PART II - COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

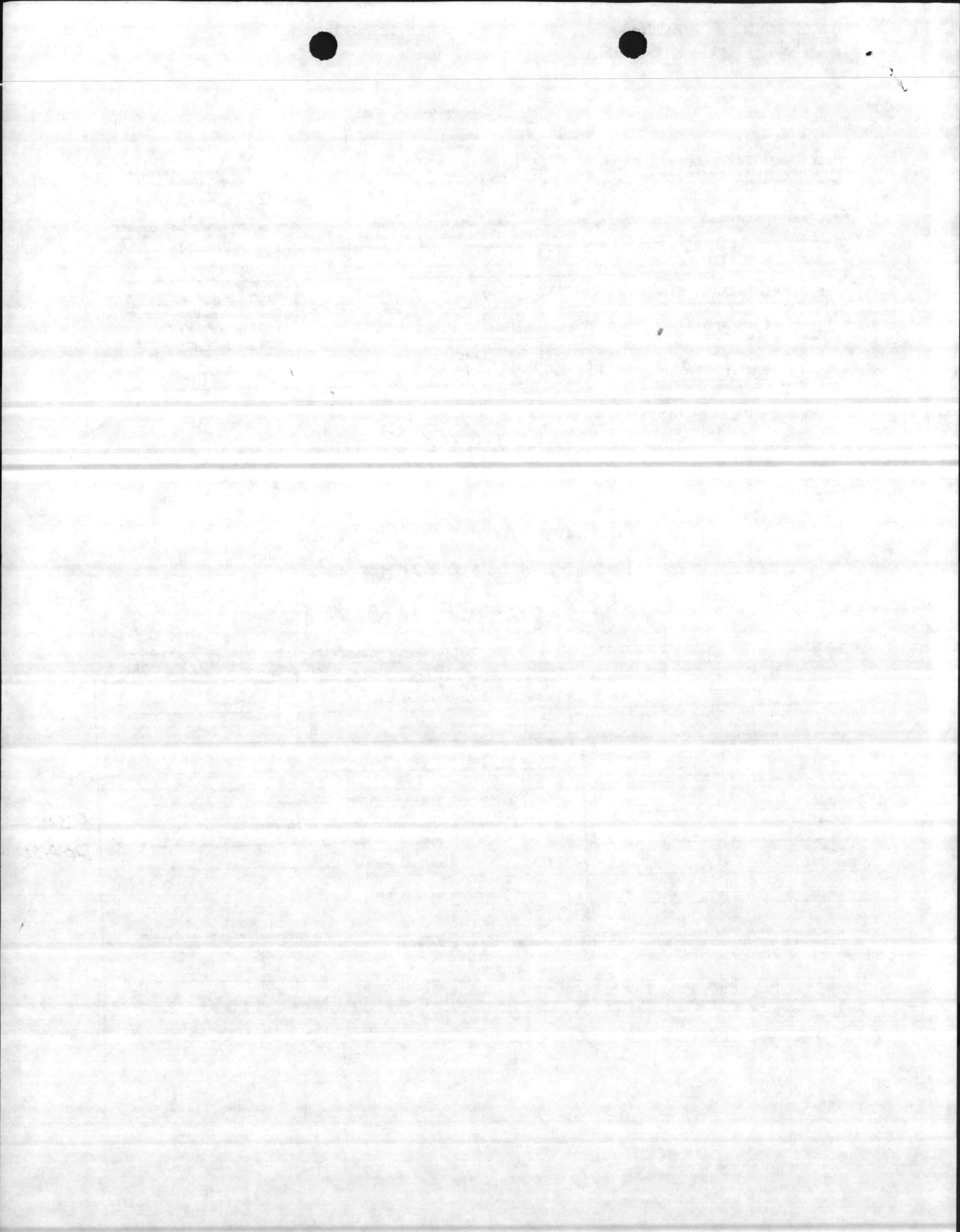
11. NO.		12. ESTIMATE NO.	
13. COST ESTIMATE		14. BENCHMARK ANALYSIS	
a. Labor	0	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. Material	0	<input type="checkbox"/> APPROVED PROGRAMMED TO START ON _____	
c. Overhead and/or Burden	0	<input type="checkbox"/> APPROVED BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START ON _____	
d. Equipment Rental/Usage	0	APPROVED BY SPEC OF _____ AND RPOB _____	
e. Contingency	0	<input type="checkbox"/> DISAPPROVED (See Remarks Tab)	
f. TOTAL 0		15. BENCHMARK	16. DATE

[Signature]

03-20230

PART III - ACTION (Filled out by Requester)

17. APPROVAL TO PROCEED IS ATTACHED (Check one if other than PW needs my comment)		18. WORK SCHEDULE	
<input type="checkbox"/> MAINTENANCE 1-02	<input type="checkbox"/> OTHER	<input type="checkbox"/> NO WORK SCHEDULE	<input type="checkbox"/> MAINTENANCE SCHEDULE
19. ESTIMATE		20. DATE	



Bldg 326

WORK REQUEST (MAINTENANCE MANAGEMENT)
REVISED 9/14/02 BY: B-AS 6/10 0782-07-000-0-000
Approved: 07/08/02 BSA

OFF Department and Institution
in NAVY (0 810-01)

B071

Requester and Approver on Reverse Side

PART I - REQUEST (Filled out by Requester)

1. SARP BLDG 326		2. 02-033 326571
3. MCB MAINTENANCE VIA NH FACILITIES		4. 11-18-02
5. <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK		6. 18 NOV 02
7. Judy Karp 451-0245		8. <input type="checkbox"/> YES <input type="checkbox"/> NO

9. **Description of Work and Approximate (including location, room, etc. details, etc.)**

①
②

03-18513 **03-18540**
FLUSH BUTTON STICKS IN 3rd STALL, 1 BROKEN URINAL (PT HEAD)
ODOR FROM BATHROOM TOP FLOOR. FACILITIES DOES NOT FLUSH TO CLEAN OUT DRAIN.

03-18610

**McB Property Repair
Non Reimbursable.
Please investigate & correct**

[Handwritten Signature]

10. **WORK STANDARD**

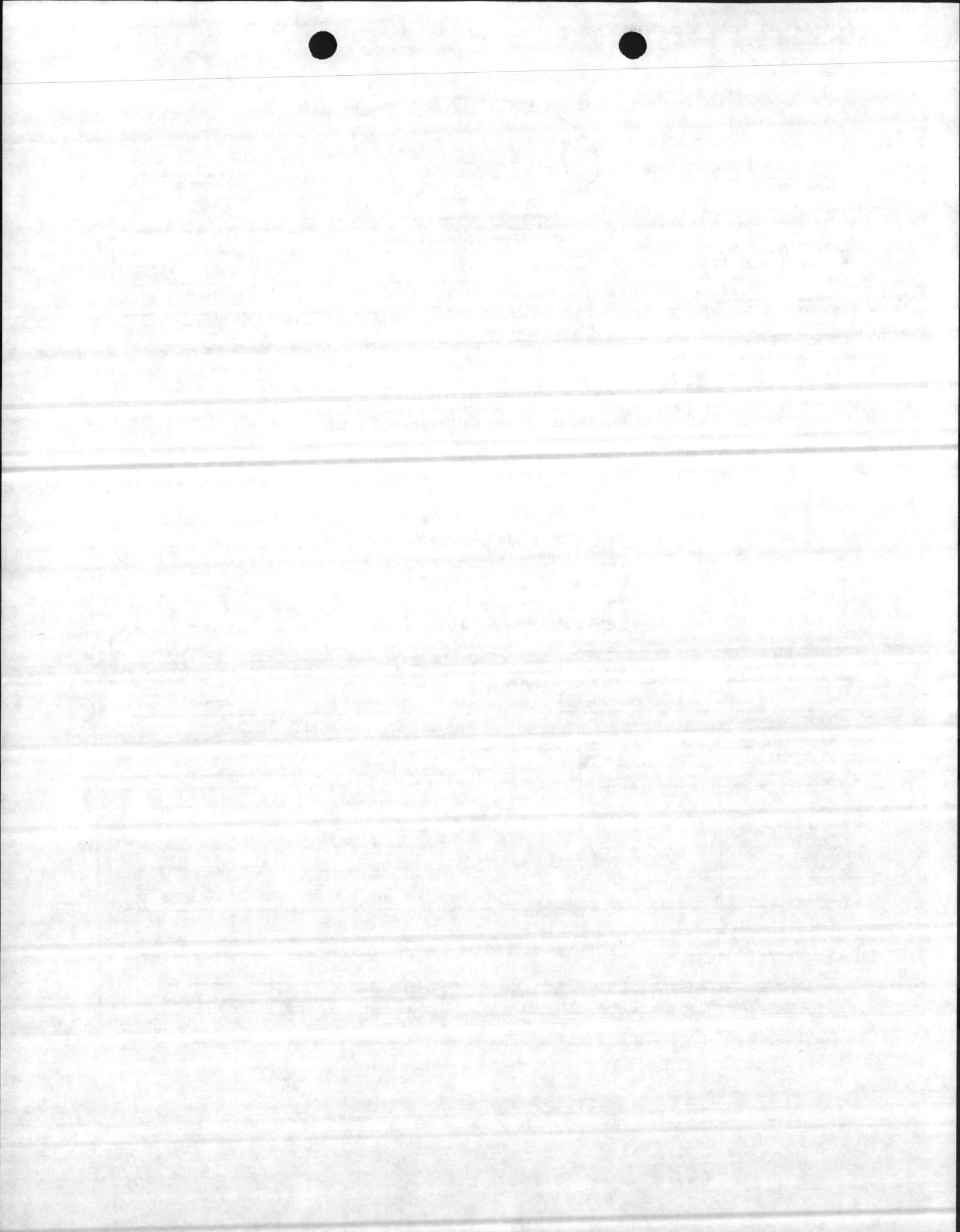
PART II - COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. VS		12. WORK PLAN NUMBER
13. COST ESTIMATE		14. APPROVAL
a. Labour	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPROVED. APPROXIMATE TO STATE IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THE JOB CAN BE FORWARDED TO STATE IN _____ AUTHORIZED BY OFFICER _____ AND RATED _____ <input type="checkbox"/> REAPPROVED. (See Remarks Side)
b. Material	\$	
c. Overhead and/or Burden	\$	
d. Equipment Rental/Usage	\$	
e. Contingency	\$	
15. TOTAL		16. DATE

PART III - ACTION (Filled out by Approver)

17. APPROPRIATION TO REQUEST IS ADVISED (Check one if other than FY funds are involved)		18. WORK CATEGORY	
<input type="checkbox"/> NECESSARY FOR	<input type="checkbox"/> OTHER	<input type="checkbox"/> NO WORK	<input type="checkbox"/> YES TO REQUEST
19. REMARKS		20. DATE	



WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVJAG 9-1103/20 REV. 8-00 5/10 0104-47-000-7 004
Approved: NAVJAG 004

Bldg 326

UPW Department on Substructure
to NAVJAG (NO-011)

3071

PART I - REQUEST (Filled out by Requester)

1. TITLE: SARP BLDG 326

2. DESCRIPTION: MCB MAINTENANCE VIA NH FACILITIES

3. REQUESTER: Judy Earp 451-0245

4. ESTIMATE: COST ESTIMATE RESPONSIBILITY OF WORK

5. DATE OF WORK: 11-18-02

6. WORKER'S NAME: 18 NOV 02

7. ESTIMATE NUMBER: 02-032 326569

8. APPROVAL: YES NO

9. DESCRIPTION OF WORK AND APPROVAL (including location, date, and amount etc.)

EXIT LIGHT BY FRONT DOOR, BY GLASS DOOR, BY SMOKE DECK, BY STAFF LOCKER ROOM NOT WORKING. 03-18613

EMERGENCY LIGHTS IN THE DIVISION SAGO ROOM AND THE COMMENCEMENT ROOM ARE NOT FUNCTIONAL

03-18614

u

**MCB Property Repair
NON REIMBURSABLE
PLEASE INVESTIGATE & CORRECT**

[Signature]

PART II - COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)

10. COST APPROVAL

a. Labor	0
b. Material	0
c. Overhead and/or Burden	0
d. Equipment Rental/Usage	0
e. Contingency	0
TOTAL	0

11. BUDGETARY AFFECTED: YES NO

12. APPROVAL: APPROVED PROGRAMMED TO START BY _____
 APPROVED BASED ON PRESENT WORKLOAD, THE JOB CAN BE PROGRAMMED TO START BY _____
 APPROVED BY _____ AND _____
 DISAPPROVED (See Division 0100)

13. BUDGET: _____

14. DATE: _____

PART III - ACTION (Filled out by Requester)

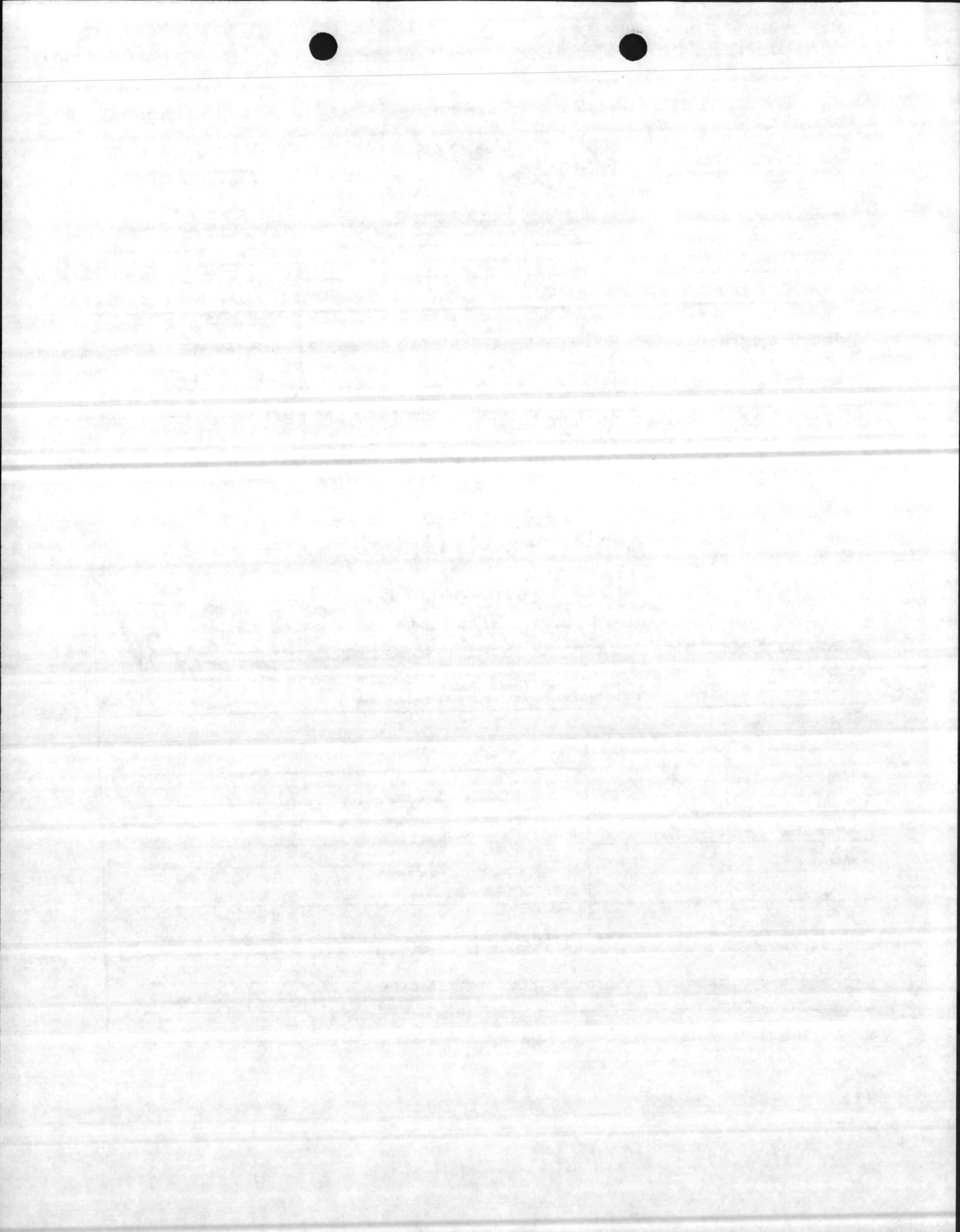
15. APPROVAL TO PROCEED IS ATTACHED (Check one if other than PD funds are involved)

16. WORK REQUESTED

17. ESTIMATE: NAVJAG 004 OTHER

18. DATE: _____

19. WORK REQUESTED: POLICY HAS BEEN WILL BE RESPONDED AT STATE



*U.S.GPO:1986-0-606-741

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVPAC 9-11014/20 REV. 2-681 S/W 0103-LF-002-7510
Supersedes NAVDOCK 2351

Bldg 326

(PW Department see Instructions
in NAVPAC MO-521)

B071

Requestor see Instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM SARP Bldg 326	2. REQUEST NO. 326561
3. TO MCB MAINTENANCE VIA NH FACILITIES	4. DATE OF REQUEST 04 Nov 02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	6a. REQUEST WORK START 05 Nov 02
6. FOR FURTHER INFORMATION CALL Judy EARP 451-0245	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)	

REPAIR / REPLACE FIRE EXIT DOOR ^{Rm. 200} in
Bldg 326. Lintel, Framing is Dry Rotted.

03-14176

MCB Property Repair.
PLEASE INVESTIGATE & CORRECT
Non-Remburseable

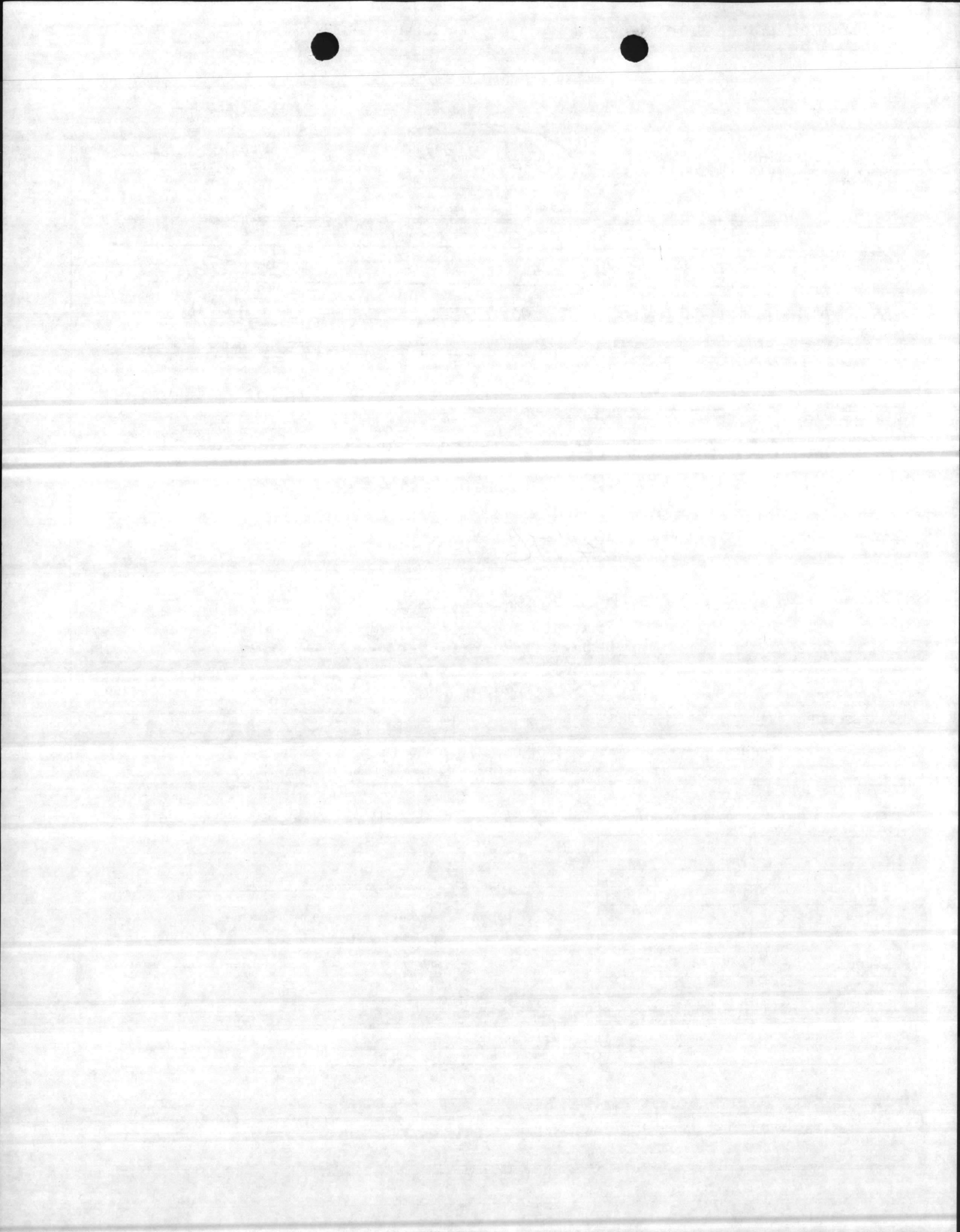
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
---------------------	---

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 1STH JOP _____ 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	



U.S.GPO:1988-0-606-741

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-11014/20 REV. 2-88) S/N 0103-1F-002-7310
Supersedes MAYDOCK 2351

Bldg 326

(PW Department use Instructions in NAVFAC MD-381)

Requestor see Instructions on Reverse Side

B071

PART I—REQUEST (Filled out by Requestor)

1. FROM SARP (ATF)		2. REQUEST NO. 326 555
3. TO MCB MAINTENANCE (Laksmith) via NHCL FACMAN		4. DATE OF REQUEST 25 OCT 02
3. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 30 Oct 02
6. FOR FURTHER INFORMATION CALL Judy EARP 451-0245		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)		

REPLACE Lock for Supply Closet
OR REKEY (PROVIDE THREE KEYS)

MAINTENANCE ASSISTANCE
REF NAV Comp 2275
N6809303WR MM 001

45
03-11789

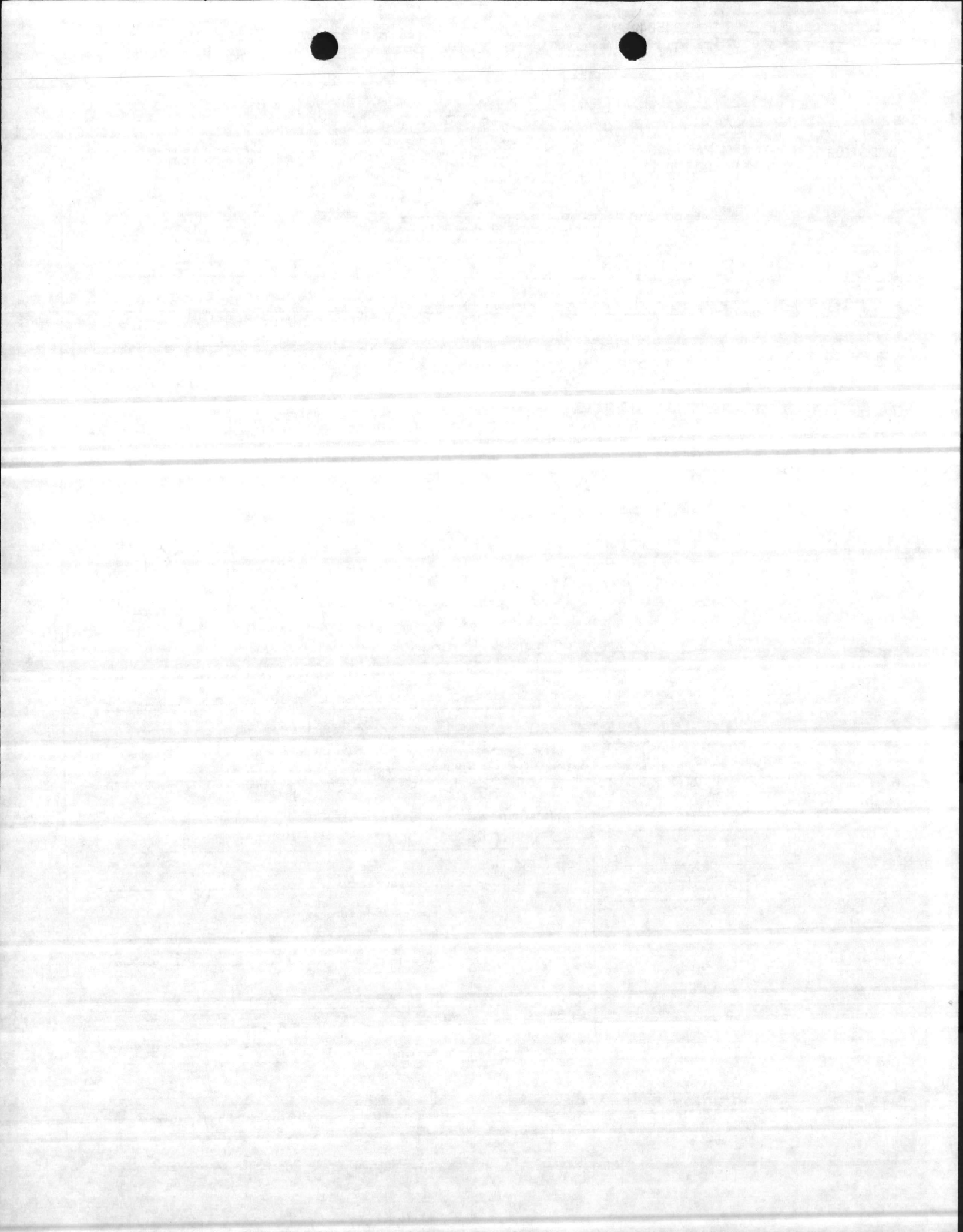
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
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PART II—COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

11. ID:		12. ESTIMATE NO.
12. 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 Surcharges	\$	
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	



U.S.GPO:1988-0-806-741

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVPAAC 9-11014/20 REV. 2-80) S/N 9103-LF-003-7510
Supersedes NAVDOCKS 2331

Bldg 326

(PW Department see Instructions
in NAVPAAC MO-221)

Requestor see Instructions on Reverse Side

B071

PART I—REQUEST (Filled out by Requestor)

1. FROM SARP (Substance Abuse Rehab Prog)		2. REQUEST NO. 326 556
3. TO MCB Maintenance via NHCL Facilities		4. DATE OF REQUEST 24 OCT 02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 30 OCT 02
6. FOR FURTHER INFORMATION CALL JUDY EARP 451-0245		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)		

Repair LEAK 1st Floor & Repair WALL BOARD
DAMAGED AS RESULT OF LEAK.

61

4

OB-11792-61
OB-11796-41

MCB Property Repair
Now Reimbursable
Please investigate & correct

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
---------------------	---

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-CF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	\$	
c. Overhead and/or Surcharges	\$	
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	



Bldg 326

WORK REQUEST (MAINTENANCE MANAGEMENT)
FORM 10-1984 (REV. 3-88) U/S OHS-10-1984-1-100
 4-2000-10-1984-1-100

(For Department use instructions on NAVFAC FORM 10)

8071

PART I - REQUEST (Filled out by Requestor)

1. **NAVAL HOSPITAL CL "SARP" BLDG 326**

2. **BASE MAINTENANCE DIVISION, ATTN: RECEPTION DESK**
VIA: NAVAL HOSPITAL FACILITIES, ATTN: EARL BROWN

3. **JUDY EARPE 451-0245**

4. **326554**

5. **10/15/02**

6. OVERSIGHT PERSONAL USE OF WORK

7. YES NO

038632
 03-8652 Insp
 03-8640 - HI
 03-8643 - G1
 03-8642 - HI
 03-8649 a3

8. **Wires hanging down in Rooms 122, 124, 126 - Base facilities turned in request to base telephone.**
9. **Exit lights not on by front door, glass doors, staff locker room and by smoke deck.**
10. **Emergency lights are not functional in RM 102 and 119.**
11. **1 broken urinal in Patient head.**
12. **Holes in wall in room 102 and Foyer-Directory Room**
13. **Light fixtures cover needed in Med room, Directory foyer, (5) female head, storage room, staff library, staff head-upstairs, Patient head, Hallway in front of Gatorade room.**

*MCB Property Repair
 Non Reimbursable
 Please Investigate & Correct*

[Signature]

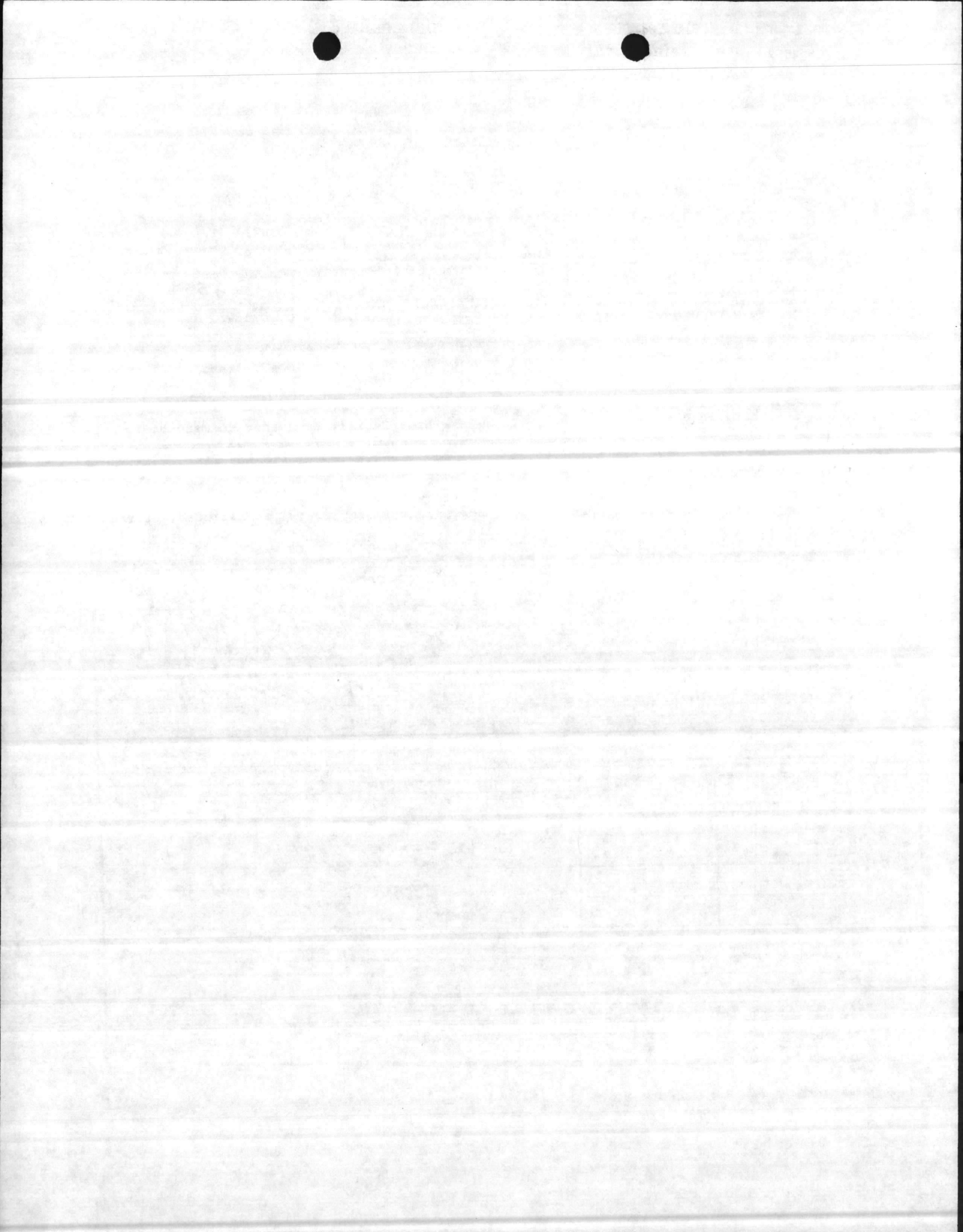
PART II - COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)

12. COST ESTIMATE		13. ESTIMATE TYPE	
a. Labor	0	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Material	0	<input type="checkbox"/> APPROVED - NECESSARY TO START ON	
c. Overhead and/or Burden	0	<input type="checkbox"/> APPROVED - BASED ON PRESENT WORKLOAD, THE A/C CAN BE NECESSARY TO START ON	
d. Equipment Rental/Usage	0	<input type="checkbox"/> APPROVED BY BOTH OF AND HAVE AVAILABLE	
e. Contingency	0	<input type="checkbox"/> UNAPPROVED - SEE WORK ORDER	
f. TOTAL	0	14. APPROVED	15. DATE

PART III - ACTION (Filled out by Requestor)

16. **APPROPRIATION TO WHICH IS APPLIED (Check one if other than PP Fund or account)**
 MAINTENANCE OTHER

17. **WORK ORDER**
 HAS BEEN HAS BEEN HAS BEEN
 IN PROGRESS IN PROGRESS IN PROGRESS



Bldg 326

WORK REQUEST (MAINTENANCE MANAGEMENT)
OFFICE USE ONLY. DO NOT WRITE IN THESE SPACES.
FORM NAVFAC 600-1

(For Department use. Distribution to NAVFAC 600-2)

Report as instructed on Section 600

6071

PART I - REQUEST (Filled out by Requester)

1. ALCOHOL TREATMENT FACILITY, BLDG 326 POC Judy Earp 1-0245		2. 326 539
3. BASE MAINTENANCE DIVISION, ATTENTION DESK VIA: NAVAL HOSPITAL FACILITIES, ATTN: MR. EARL BROWN		4. 9/10/02
5. <input type="checkbox"/> COY STRAIN <input checked="" type="checkbox"/> PERFORMANCE OF WORK		6. ASAP
7. POC: Judy Earp 451-0245		8. <input type="checkbox"/> YES <input type="checkbox"/> NO

9. **DESCRIPTION OF WORK AND APPROPRIATION (Including location, type, date, quantity, etc.)**

WIRES HANGING IN LOBBY AND ROOM 127 41 02778836
1st DECK EMERGENCY LIGHT (RT SIDE) NEEDS COVER OVER LIGHT 41 02778837
ROOMS 117 and 118 EMERGENCY LIGHTS NEED FIXED, DO NOT WORK AT ALL. 41 02778838
(DOOR KNOB ON ROOM 127 IN OFF) 45 02778839
Locksmith

**MCS Property Repairs
PLEASE INVESTIGATE & CORRECT
-NON-REIMBURSABLE-**

E. Earp
H. O. T. LCDR, NSC, USNR

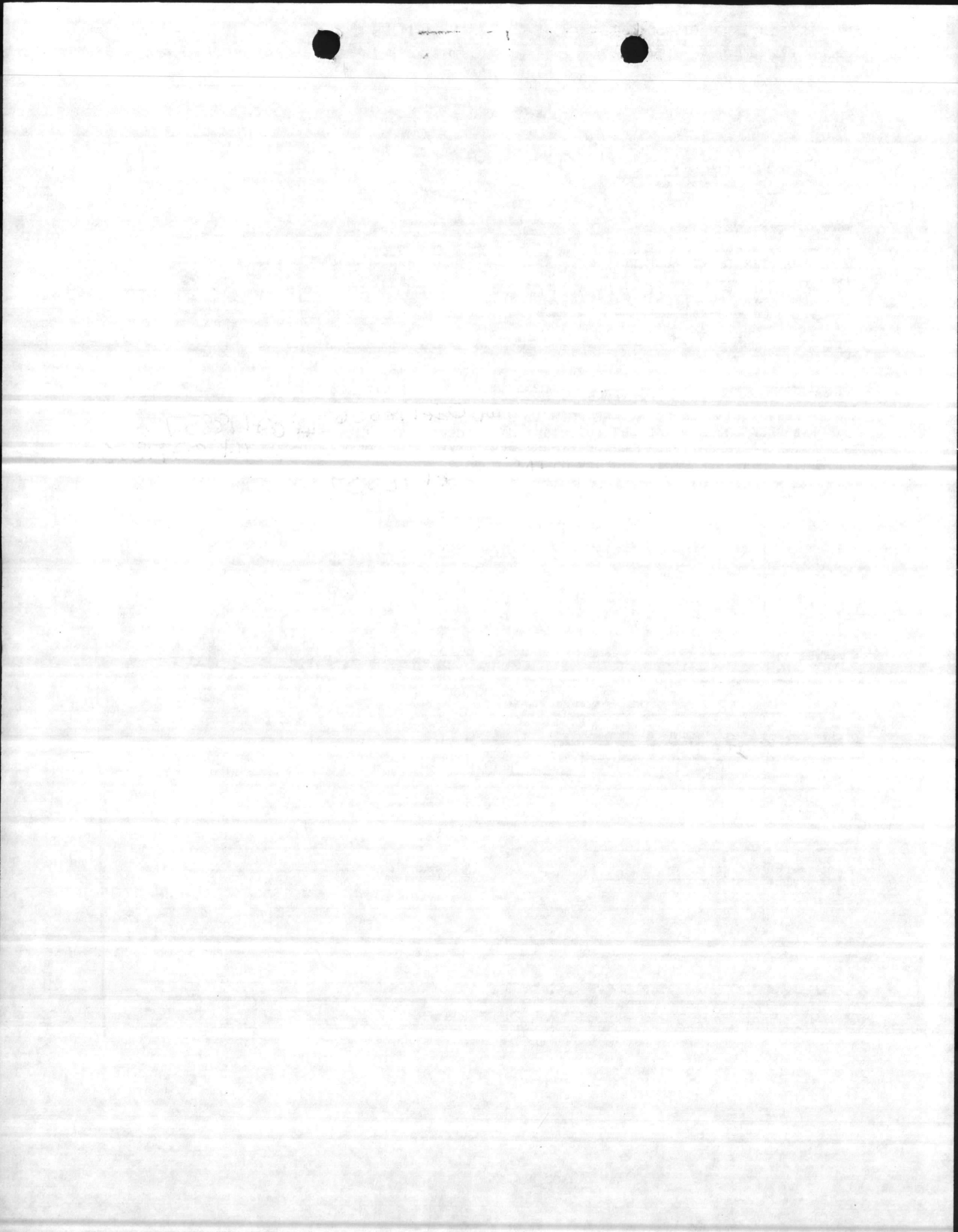
PART II - COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. LABOR		12. <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. MATERIALS		14. <input type="checkbox"/> APPROVED - REQUIREMENTS TO START IN _____	
15. OVERHEAD AND/OR BACKLOG		16. <input type="checkbox"/> APPROVED - BASED ON PRESENT WORKLOAD, THE JOB CAN BE _____	
17. EQUIPMENT RENTAL/USAGE		18. <input type="checkbox"/> APPROVED BY OFFICER _____ AND DATE RELEASE _____	
19. CONTINGENCY		20. <input type="checkbox"/> APPROVED (See Remarks field)	

PART III - ACTION (Filled out by Requester)

21. APPROPRIATION TO FUND THIS REQUEST (Check one if other than PW funds are involved) <input type="checkbox"/> NAVFAC 140 <input type="checkbox"/> OTHER	22. WORK REQUIRED <input type="checkbox"/> HAS BEEN COMPLETED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE FORWARDED BY OTHER
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Contract Data

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