

2006-07

BA #21

Date Issued 8/06

TO: ADMINISTRATORS, OFFICE STAFF, DIRECTORS, and BUILDING SUPERINTENDENTS

**FROM: Dennis Van Horn, Associate Superintendent for Business Affairs
Scott Wieskamp, Director of Facilities & Maintenance**

SUBJECT: REPAIR REQUEST

The **TMA Work Request System** should be used to submit repair requests.

- ✓ Provide all necessary information regarding your request to your building's office personnel who have been trained and authorized to work in the TMA Work Request System.
- ✓ **Only** trained and authorized personnel can enter a work request by following instructions set forth in the TMA Training Manual. **Use example of application for TMA authorization on page 2 of this bulletin.**

The following are required fields and must be included when a repair request is submitted (see page 3 for sample TMA electronic form):

1. Requester's name must be entered.
2. Phone number.
3. Email address.
4. Repair Center (CMF).
5. Location – use specific location (room number, area of grounds, etc.). Always use the room number and not the room name.
6. Request information – provide accurate and complete description, indicating where repair is needed in a particular room (i.e., west wall). Use the cabinet catalog for ordering cabinets. Attach a drawing of what is needed. Justification must be given for all requests.
For Custodial Equipment Only:
7. Tag Type – choose equipment; if not listing a piece of custodial equipment, leave as "Location."
8. Tag # - enter as per example.

Custodial Maintenance and Facilities Application For Authorization to Enter TMA Work Requests

The following employee has building level approval to enter TMA Work Requests via the Internet:

Name: _____ Location: _____

Position: _____ Internet E-Mail Address: _____

Phone Number: _____ Effective Date: _____

Check One Additional Requester: Replacement Requester:

The following employee should no longer have authorization to enter Work Requests For this building:

Name: _____ Location: _____

Effective Date: _____

Administrator's Signature: _____

Date: _____

CMF Use Only

Approved By: _____

Date: _____

Your Internet Work Request Authorization will be set up after the completed form is received and approved by CMF.

Mail or Fax completed form to: Scott Wieskamp at CMF, Fax 436-1557

[Select your Request](#) [View My Requests](#) [Submit your Request](#)

Request Form for Facilities & Maintenance	
1.	*Name: <input type="text" value="Scott Wieskamp"/>
2.	*Phone Number: <input type="text" value="436-1072"/>
3.	*E-mail Address: <input type="text" value="jkleager@lps.org"/>
4.	*Repair Ctr: <input type="text" value="CMF - Cust., Maint. & Facilities"/>
5.	*Location: <input type="text" value="37A, Storage - 37A"/>
	Account Number: <input type="text"/>
7.	Tag Type: <input type="text" value="Equipment"/>
8.	Tag #: <input type="text" value="C6011-0144"/>
	Department: <input type="text"/>
6.	*Request: <input type="text" value="The Advance GWD360 wet/dry vac does not have enough power to clean properly. Please repair."/>
<input type="button" value="Submit"/>	

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