

FILE FOLDER

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DESCRIPTION:

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BLD 521

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
4576	9/3/93	393	1st AMAND
3081	8-19-94	2784	REPLAC A/C COMPRESSOR / Purged 10/22/98
3164	8-19-94	3056	RPLC A/C COMPRESSOR / Purged 10/22/98
3191	9-9-94	3188	RPLC A/C COMPRESSOR / Purged 10/22/98
3294	1-20-95	2260	Rpl gaskets on freezers / rpl door / Purged 10/22/98
3631V	10-22-95	3423	Rpl Compressor / Purged 10-22-98
3717	2-2-96	3055	REPLACO P-TRAP / PURGED 99
3781	12-13-96	3342	RPR WALL TILES
3917	2-2-96	378	1ST AMD / PURGED 99
3936	9-25-96	2954	RPR DRAIN LINE / PURGED 99
3968	8-23-96	6546	RPLC FREEZER CONDENSER UNIT / PURGED 99
3781	12-13-96	4041	1ST AMD / Purged 9-17-01
4123	1-10-97	2954	REPAIR DRAIN LINE NOT FIXED RIGHT!
4330	8-29-97	3005	REPLACO FREEZER DOOR
4400	12/12/97	3643	RPLC DOOR 9-9-02 Purged PC
EBH	5-4-01	1665	Cyclic Maint 01-14071

Purged 9/12/01
Purged 9/12/01

BLDG NO

INT. PAINT SQ FT

EXT. PAINT SQ FT

ROOF SQ FT

CONDEN. LINES LIN FT

FACILITY HISTORY RECORD

MCBCL 11011/3

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
✓ 3430	3-16-84	5,953	INTEN PAINT
3611	Compl	1424	SEAM STEAM & RETURN TO CER.
3637	Compl	767	INSTALL A THREE EACH FLOOR DRAIN WITH A P-TRAP
3656	3-15-85	5171	PERFORM A.M. TO THE SCULLERY & GALLERY
3767	4-28-86	1610	MAKE REPT. TO PLASTER WALLS
4017	5-7-86	1760	Rpl compressor for A/C SYSTEM
4050	12-5-86	5833	INSTALL (2) 400 AMP DOUBLE THROW TRIPPER SWITCHES
4068	5-15-86	1219	RPA PLASTER WALLS & CEILING
4139	8-8-86	2077	Rpl compressor for A/C SYSTEM
1 4175	7-13-84	1000	Rpl THE SANITARY SEWER L. IN BETWEEN BOILER TRUMP & SEWER MAIN
4300	7-31-87	6417	Rpl EXISTING ELECT. CIRCUITS TO ICE MACHINE
5010	8-28-85	2458	PERFORM WIRE, STEEL MECH & ELECT
✓ 5864	11-2-84	3265	PERFORM CYCLE START.
3767	5-23-86	1610	MAKE REPT. TO PLASTER WALL
2007	10-24-86	871	INSTALL (3) 208V, 90A, 1Ø CIRCUITS FOR TOASTER
3173	Compl	9100	CLEAN, STRIP + RESEAL TER. FLOOR
2109	12-24-87	1935	INSTALL CONNECT TEST 200KW
2142	7-17-86	322	INSTALL 120VOLT 20AMP
3638	6-11-91	2612	RPLC COMPRESSOR FOR A/C SYSTEM
3630	7-29-91	2663	RPLC COMPRESSOR FOR A/C SYSTEM.
3736	8-12-91	3252	RPLC COMPRESSOR FOR A/C SYSTEM
3810	2-21-92	1926	INSTALL ELECTRIC OUTLETS & CABLING
4253	10-30-92	1996	REWIRE WALK IN REEFER
4294	9-4-92	2079	REPLACE A/C COMPRESSOR
4576	9-30-93	4232	INSTALL DIESEL GENERATOR
4624	9/24/99	2317	FIN WALL BEHIND SOMET MACHINE

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
3693	3.13.81	1208	Clean cooling & heating coil on A/C system
2086	11.28.80	1596	Install equip & assoc. utilities
3184	11.21.80	852	Repairs to ceiling plaster
3434	4.25.80	883	Repair or replace lights
4732	4.18.80	407	Install protective covers
3620	4.11.80	569	Repair drain
3222	10.80	944	Plumbing & Pipefitting repairs
3889	6-12-81	1807	Rpl. missing or damaged ceiling in 4th floor future
3889 1262	8-28-81	320	Remove & Reinstall A/C
2160	9-18-81	13356	Rpl. conveyor belt on dishwasher
2154	Comp	1278	Rpr. juice dispensers
3492	Comp	1263	Remove exist incand. fixtures & Install fluor. fixtures
3830	Comp	4169	Modify exist heating controls
2110	Comp	12943	Rpr. galley equip
1190	Comp	550	Install plastic curtains, New freezer door
2033	2-2-83	286	Install 20A circuit for ice machine
1184	Comp	601	Relocate Salad Rm & Bake Shop
5129	11.22.83	3705	Elect & mech RPR
4900	11.22.83	959	RPL Rotten board Behind Sink
4633	6.30.83	1214	RPR Sewer Line
4476	6.8.83	419	RPR Elec, Plumbing
4475	7.8.83	3817	INT RPR
4469	7.8.83	2162	Relamp fluorescent light S
3962	5.27.83	-	Relocate, Repair 5th floor
3799	4.26.83	1586	RPR Plaster walls
2060	5-30-86	979	Install Elect circuits & connect one new circuit over
3362	11-22-85	96	Repa. wall around elect panel Rep & Paint
✓ 3191	12-01-84	1154	Rpl steam line to coffee Island Area

40,937 sq ft Built up 1794, Metal 156, Asbestos 23,642

BLDG NO 521	INT. PAINT SQ FT 40,937 sf	EXT. PAINT SQ FT 2294 sf 149 windows	ROOF SQ FT 25,592 sf	CONDEN. LINES LIN FT	FACILITY HISTORY RECORD MCBCL 11011/3
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JOB ORDER NO or Contract No.	DATE COMPLETED	COST	DESCRIPTION
023-02845-82	11/21/62		Renovate
549-62	2/20/62		Paint housing to exhaust fan (comp. 3/8/62)
023-02938-82	12/17/62		Relocate dishwashing machine
CONTRACT	C 8/11/61		Exterior Painted
Contract	3/22/68		Interior Paint
Contract	5/14/68	1,800.00	Exterior Paint
No. 2472-71-C-05%	3/19/72		Install garbage disposal equipment
AA3-23-4456	2-23-73	365	Repl floor drain & drain piping on drain line
AA4-23-3688	8-3-73	548	Move cmd. unit from 54 to 521
AA3-23-3777	-	425	Repl (5) overhead lite fixtures
AA4-23-4007	-	-	repair exhaust fan over range hood
AA4-23-3836	10-12-73	-	repl sand trap
AA4-23-4007	10-12-73	-	rep exhaust fan over range hood
AA4-23-2491	1-25-74	82	Install (4) 30 s. twist lock recept.
AA3-23-3191	-	322	PM messhall
AA3-23-3710	2-5-71	4059	paint int compl.
2840	10-29-76	1099	Install new load center panel
2484	7-11-75	1253	Install (1) 2 stack yoo users
2511	2-13-76	2376	Remove old dishwasher & install new one
5035	4-16-76	2287	make repair to dining facility
5008	3-26-76	377	Repair built up roof in pew shop.
2529	1-23-76	4000	Installation of ice machines & modifying of drains
3592	12-29-77	3554	General repairs to mess-hall
4768	8-10-77	458	Repair before contract painting
2441	9-22-76	246	Install new toaster outlets behind serving line / Install 1 duplex Rept.

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
2757	6-18-76	698	Install queens / vent
2492	1-6-78	1032	Install elect circuit and vent stack over 2" set
2494	1-6-78	344	Hook up drink and ice machine minor plumbing repairs
2572	1-6-78	1241	Install pre-wash rinse unit
5190	9-29-78	913	Cover int meat refs w/ aluminum Bolt thru ceiling can't around
4993	6-2-78	994	Rpr to A/C electric service
2552	5-5-78	210	Rpl 12 Casters on two general elect grills
3996	4-28-78	198	Strengthen or rpl 2 porch post and paint
3839	3-17-78	191	Install covers on two drains pile beverage delenda on mess deck
3225	11-17-78	Cancelled	Fabricate / Paint Screen doors
5208	12-8-78	302	Rpr A/C
3535	1-19-79	631	Rpr sewer line in scullery
79-C-9442	9-15-81	\$3,128.82	Correction to Ventilation System
80-C-2059	8-21-81	\$21,160	Installation of freezer cooler boxes
79-C-2685	21 Jan 82	332,378	Install Vent Hood
3358	12-14-79	142	Elect Repairs to heating system of dining area
3157	10-19-79	295	Repl terrazzo floor
2520	8-10-79	214	Install 208V-1Ø outlet + Air gp' good work
4083	6-29-79	1062	Patch terrazo floor in D.A.
3681	5-18-79	1001	Remove old uncondisort lights
4069	7-6-79	607	Make repairs to doors + window
3582	1-26-79	463	Install hot water line + outside wall hydrant
3592	1-26-79	234	Install additional circuit to UA set of lamps
3380	Comp	1355	Minor Repairs per inspection
4392	Comp	46,224	Make Repairs to heating system
2623	1/1 Comp	0	Install Rubber pads on Stanchion
3964	Comp	208	Job + uninstal bumper stops
2520	Comp	214	Install 208V-1Ø outlet + Make good work

BLDG CLASS 2 PROPERTY RECORD
 (004) UIC..M67001 (001) PR NO.....2-04013
 MCB CAMP LEJEUNE NC (005) FACILITY NO..521
 (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.11Q

GENERAL INFORMATION
 (007) ACTION.....CAP-IMPROV
 (008) FAM HOUSING....NO
 (009) EE DATE.....20 OCT 81
 (011) PR REVIEW DATE.20 OCT 81
 (010) FACILITY NAME..
 EM DINING FAC

ACQUISITION
 (201) ESTATE.....13 OTHER MIL FUND
 (202) ACQ CONTRACT...NOY4750
 (203) ACQ DATE.....01 SEP 43
 (204) GOVT COST..... \$481,277
 (207) LAND CCN.....91140

MEASUREMENTS
 (301) LENGTH.... 267 FT
 (302) WIDTH..... 167 FT
 (303) HEIGHT.... 19 FT
 (304)/AREA..... 23,073 SF
 (308) AREA UM...
 (305) STORIES... 01
 (307) IRREGULAR. YES

CONSTRUCTION
 (401) YEAR BUILT.....1943
 (402) CONSTRUCTION TYPE..PERMANENT
 (403) YEAR IMPROVED.....1970

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

MAINTENANCE
 (701) MAINT UIC..M67001 (702) PRIME USE....72210 (703) MFC...4 USMC

STATUS / UTILIZATION
 (502) CATEGORY CODE...72210 (501) USE..ENLISTED DINING FACILITY
 (510) USER UIC.....M67001.....MCB CAMP LEJEUNE NC

AREA/SF	OTHER/PN*	ALT/	DEF CODES
ADEQ(515).....23,073.00	(516).....1,698.00	(517)	(524)B27 B04 B09
SBST(518)	(519)	(520)	(525)
INAD(521)	(522)	(523)	(526)
TOTAL	23,073.00	1,698.00	

TOTAL

23,073.00 1,698.00

IND(251)

(252) (253)

(256)

282T(518)

(519) (520)

(525)

ADD(515)....23,073.00 (516).....1,698.00 (517) (524)827 804 809

AREA5E OTHERVBN* ALTY DEF CODES

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

(505) CATEGORY CODE...72510 (501) USE..ENLISTED DINING FACILITY

(502) STAT U S UTIL I Z A T I O N

(701) MAINT UIC..M7001 (702) PRIME USE...72510 (703) MEC...A USMC

(403) YEAR IMPROVED.....1970 (402) CONSTRUCTION TYPE..PERMANENT (401) YEAR BUILT.....1943

(307) HISTORIC IND... (409) PRJECT NO..... (404) ABMP CODE.....

(307) IRREGULAR (305) STORIES... (308) AREA UM...

(304) AREA..... (303) HEIGHT... (302) WIDTH... (301) LENGTH...

23,073 SF 19 FT 167 FT 257 FT

(507) LAND CGN.....01140 (504) GOVT COST..... \$481,277 (503) ACQ DATE.....01 SEP 43

(502) ACQ CONTRACT...NOV420 (501) ESTATE.....13 OTHER MIL FUND

(107) MAP GRID.110 (105) AC.....02 (104) CITY.....0735 CAMP LEJUNE

(103) COUNTY...133 ONSL0W (102) STATE...37 NORTH CAROLINA (101) COUNTRY..US UNITED STATES

(100) FACILITY NAME.. (011) PR REVIEW DATE.20 OCT 81 (009) EE DATE.....20 OCT 81

(008) FAM HOUSING.....NO (007) ACTION.....CAP-IMPROV

EM DINING FAC (010) FACILITY NAME..

(106) SPEC AREA...DA (105) FACILITY NO..251 (1001) PR NO.....2-04013

MCR CAMP LEJUNE NC (004) UIC..M7001

CLASS 2 2 P R O P E R T Y R E C O R D

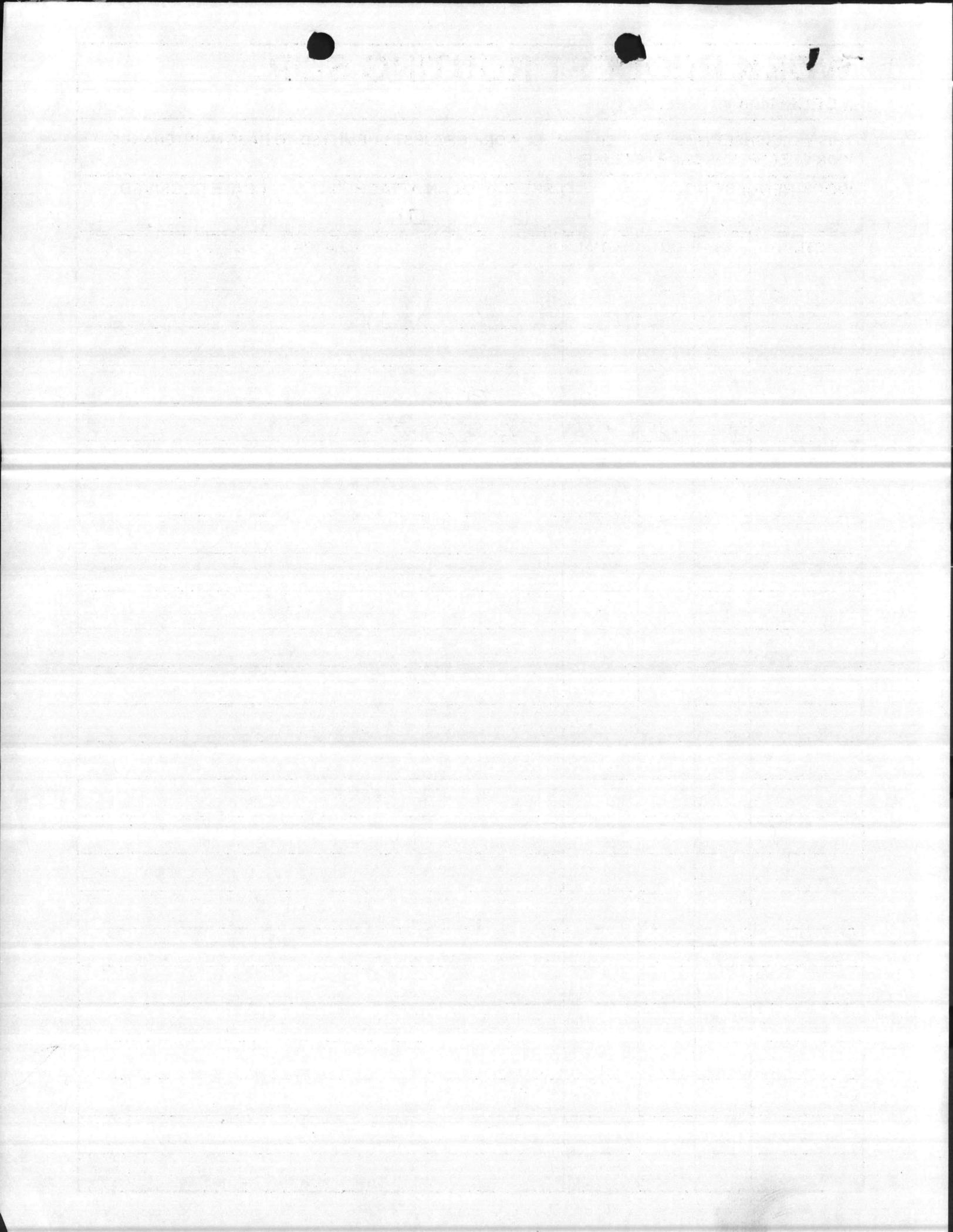
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DESCRIPTION:

Work Requests

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Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	JEO
DISAPPROVED	

Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM BASE FOOD SERVICE	2. REQUEST NO. B053/5315-03
3. TO	4. DATE OF REQUEST 031103
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 031503
6. FOR FURTHER INFORMATION CALL MRS. BROWN 451-3770	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.)
03-62461
 THEY HAVE A DOZEN LOSE & CRACKED FLOOR TILES LOCATED BY
 THE MAIN WIDE GRILL AREA.
MESSHALL S&I
 JUSTIFICATION: SAFETY HAZARD

OPS
 JEO
 1050
 031803
 Shou

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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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 PROGRAMMING TO START IN _____ PROGRAMMING 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)

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637
TEL: 773-936-3000

1 2 3

WORK REQUEST (MAINTENANCE MANAGEMENT)

Base Food Service Office
Base, Control Building
NEW DEPARTMENT SEE INSTRUCTIONS IN FAC NO. 321

PART I-REQUEST (Filled out by Requestor)

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. B0531 5442-03
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 27-Mar-03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 27-Mar-03
6. FOR FURTHER INFORMATION CALL Miss Carolyn Brown ph 451-3909/3770	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.)
Location: Mess hall 521 on "O" street.

PROBLEM: The lock on the Assistant Manager's door sticks. Key will not open the door.

Justification: Security of government property

45

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Carolyn J Brown</i>
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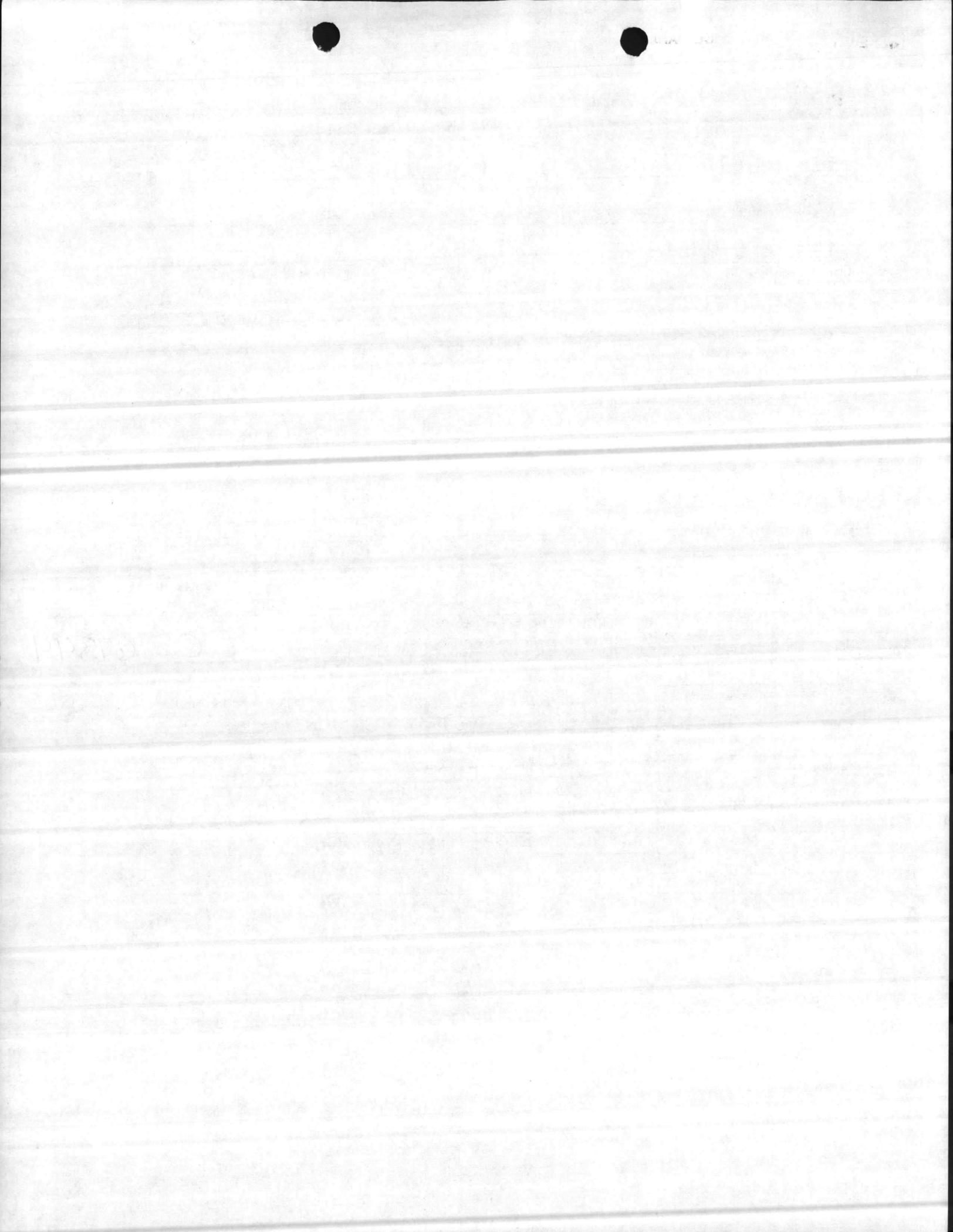
PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO. 03-67344
14. SKETCH / PLAN ATTACHED	
a. Labor	13. COST ESTIMATE <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	



WORK REQUEST (MAINTENANCE MANAGEMENT)

Base Food Service Office
 MGB, Camp 1
 (PW DEPARTMENT SEE INSTRUCTIONS IN FAC MO_321)
 DISAPPROVED

PART I-REQUEST (Filled out by Requestor)

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 60531/5442-03
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 27-Mar-03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 27-Mar-03
6. FOR FURTHER INFORMATION CALL Miss Carolyn Brown ph 451-3909/3770	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.)
 Location: Mess hall 521 on "O" street.

PROBLEM: The lock on the Assistant Manager's door sticks. Key will not open the door.

Justification Security of government property

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
Carolyn J Brown

PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

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

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

1/11

CONFIDENTIAL

003 1111 0000

003 1111 0000

003 1111 0000

003 1111 0000

003 1111 0000

003 1111 0000

003 1111 0000

WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 (REV. 2/84 (EF)) (New S/N number pending)

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	JEO
DISAPPROVED	

PW Department see instructions
 in NAVFAC MO-321

Requestor see instructions on Reverse Side

PART 1--REQUEST (Filled out by Requestor)

1. FROM BASE FOOD SERVICE		2. REQUEST NO. M.H. 521 B053/542-03	
3. TO BASE MAINTENANCE		4. DATE OF REQUEST 03 12 03	
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 03 15 03	
6. FOR FURTHER INFORMATION CALL CAROLYN BROWN 451-3909		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.)

PROBLEM: NEED PORTABLE STEAM WIRE (SERIAL # 10851922) TO BE L.T.I.
 LOCATION: PROPERTY ROOM. COST: \$1,300
 JUSTIFICATION: DRMO

61
 JEO
 1050
 031403

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 03-62497	
b. Material		<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____	
c. Overhead and/or Surcharge		PROGRAMMING TO START IN _____, IF	
d. Equipment Rental/Usage		AUTHORIZED BY 25TH OF _____ AND FUNDS	
e. Contingency		<input type="checkbox"/> DISAPPROVED. (See Reverse Side)	
f. Total		16. SIGNATURE	17. DATE

PART III--ACTION (Filled out by Requestor)

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

(See Part IV on Reverse Side)

THE UNIVERSITY OF CHICAGO
LIBRARY

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	JED
DISAPPROVED	

Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM <u>BASE FOOD SERVICE</u>	2. REQUEST NO. <u>B053/5312-03</u>
3. TO <u>BASE MAINTANCE</u>	4. DATE OF REQUEST <u>031103</u>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <u>031503</u>
6. FOR FURTHER INFORMATION CALL <u>MRS BROWN 451-3770</u>	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.)
THE TWO KICK PLATE ON THE BACK DOOR DOORS LOCATED IN THE BACK OF THE MESSHALL ARE FOLKING OFF.
MESSHALL 501
 JED
 1050
 031203

JUSTIFICATION: SAFETY HAZARD

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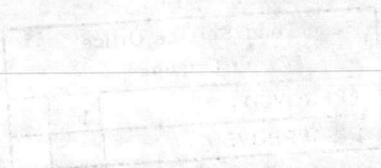
PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. 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 <u>03-62440</u>
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____ IF _____
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> DISAPPROVED. (See Reverse Side)
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)



PP

1007

1007 - 1007 - 1007 - 1007

1007 - 1007 - 1007 - 1007

WORK REQUEST (MAINTENANCE MANAGEMENT)

11/05/02
0757

Base Food Service Office	
MGB, Camp Lejeune	
APPROVED	RMA
DISAPPROVED	

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5222-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909/451-3770	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.)
Location: Mess hall 521 on "O" street.

Problem: That mess hall be sprayed twice a month until insect problem has gone away.

Justification:: Increase in Insect Population and to comply with sanitation standards as set forth in NAVMED P5010

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
[Signature]

Review
10-31-02
4440

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	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	



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[Faint, illegible text, possibly bleed-through from the reverse side of the page.]

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[Faint text]	[Faint text]	[Faint text]
[Faint text]	[Faint text]	[Faint text]

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WORK REQUEST (MAINTENANCE MANAGEMENT)

APPROVED
DISAPPROVED

(PW DEPARTMENT SEE INSTRUCTIONS IN NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor)

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 6053/5306-03
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 24-Jan-03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START ASAP 24 Jan-03
6. FOR FURTHER INFORMATION CALL Miss Carolyn Brown ph 451-3909/3770	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.) Location: Mess hall 521 on "O" street PROBLEM: The rear door lock needs replaced Justification: Security of government property	
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Carolyn Brown</i>

03-42125

Need to Be done today

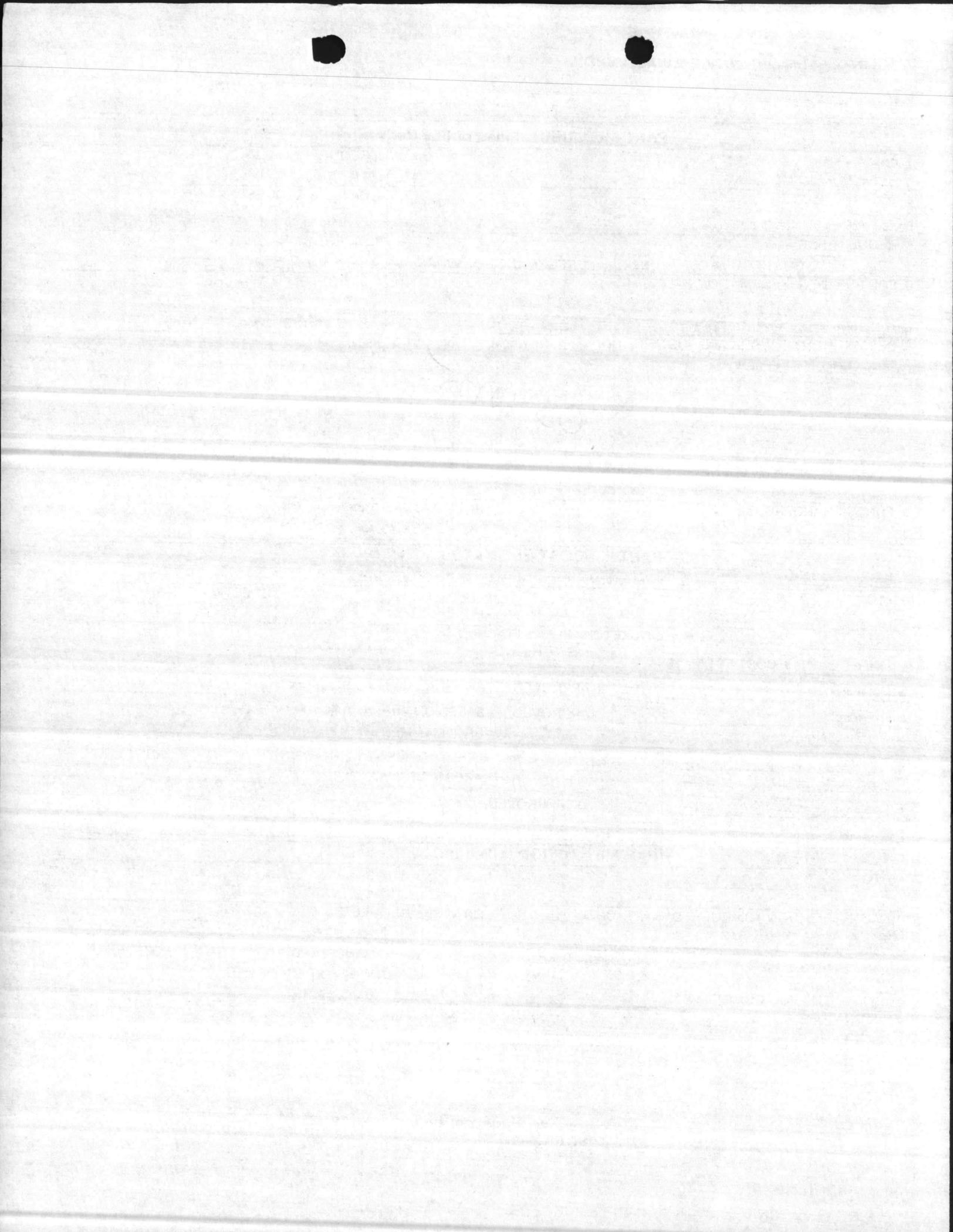
PART II -- COST ESTIMATE

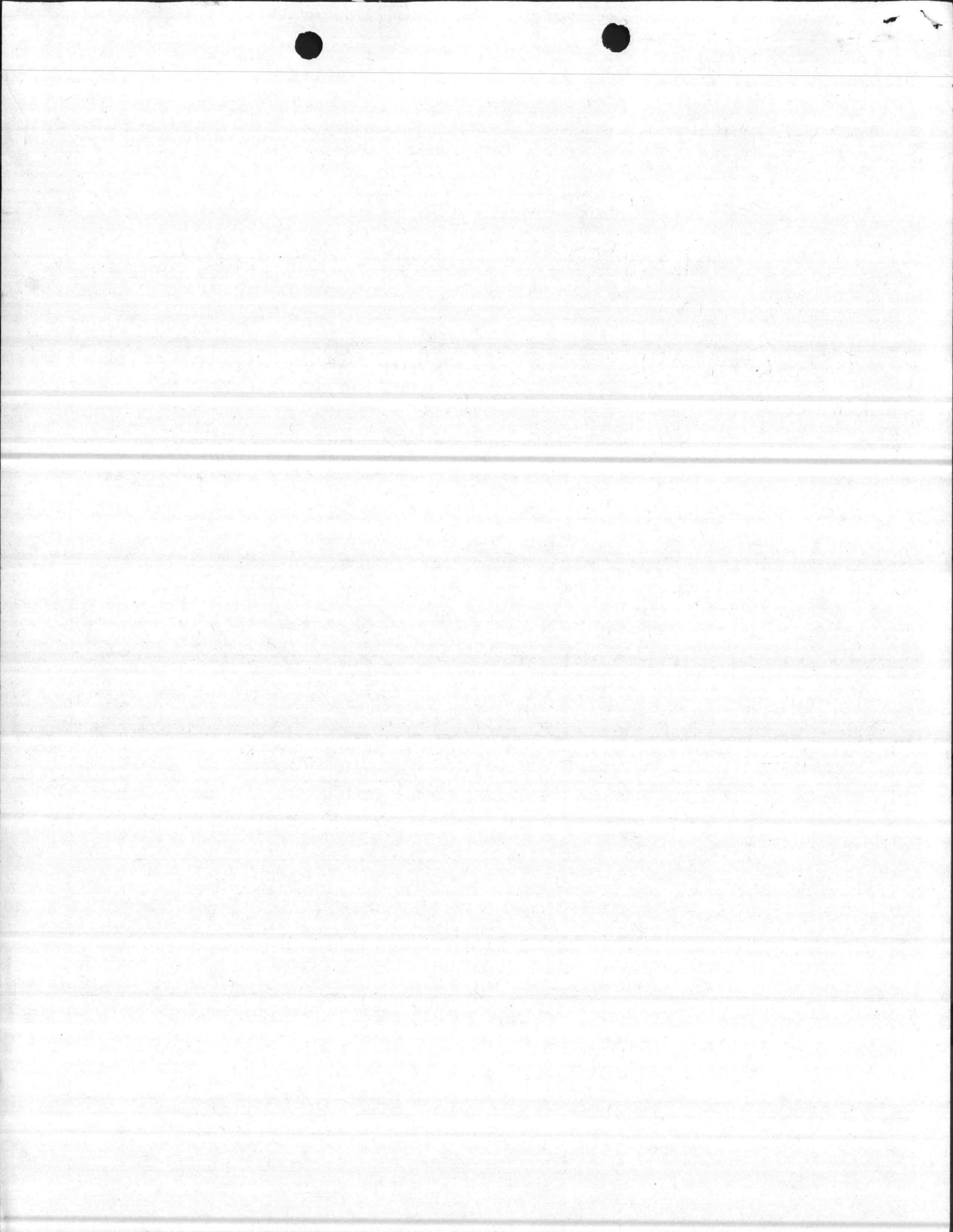
(Filled out by Maintenance Control Division if estimate requested)

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

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	





11/05/02
0754

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	<i>RW</i>
DISAPPROVED	

PART I-REQUEST (Filled out by Requestor)

13-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5231-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909	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.)

Location: Mess hall 521 on "O" street.

Problem: Painting Dinning Room, Office Spaces and Galley in the Messhall.

Justification: Up keeping of government property, Paint is peeling off ceiling and walls
This is a health hazards to employees and patrons who work and come to the messhall.

Remarks:

Review for 1440

03-14219

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED)	<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED
<input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> WILL BE PERFORMED BY OTHERS

21. SIGNATURE	22. DATE
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WORK REQUEST (MAINTENANCE MANAGEMENT)

Base Food Service Office
MCS, Camp Lejeune
APPROVED
DISAPPROVED

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor) 03-45836

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. B653/5306-03
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 24-Jan-03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START ASAP 24 Jan-03
6. FOR FURTHER INFORMATION CALL Miss Carolyn Brown ph 451-3909/3770	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.)
Location: Mess hall 521 on "O" street.

PROBLEM: The rear door lock needs replaced

Justification Security of government property

1330
01/30/03
CA

Need to Be done today

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Carolyn Brown</i>
---------------------	---

PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

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

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	



PART I - SUMMARY OF WORK

Work Item: Mess Hall

Base Cost: \$100,000

PART II - COST BREAKDOWN

Miss Carolyn Brown, 01/15/70

Location: Mess Hall

PROJECT: The use of food needs report

PART III - COST ESTIMATE

ESTIMATE ATTACHED

01/15/70

Part II - ACTION: Work out by Response

Part III - ACTION: Work out by Response

01/15/70

OTHER

2D MARINE DIVISION WORK REQUEST

D020

Requestor see Instructions on Reverse

PART I --REQUEST (Filled out by Requestor)

1. FROM Commanding Officer 3rd Bn 10th MAR	2. REQUEST NO. 441189
3. TO Commanding Genral MCB, (attn:BMO)	4. DATE OF REQUEST 17-Nov-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> **	5a. REQUEST WORK START IMMEDIATELY
6. FOR FURTHER INFORMATION CALL Lt. Wollock at 450-8288.	7. SKETCH/PLAN ATTACHED YES <input type="checkbox"/> <input checked="" type="checkbox"/> ** NO
8. DESCRIPTION OF WORK AND JUSTIFIK (<i>Including location, type, size, quantity, etc.</i>) LOCATION: Bldg. 527 S-2 shop	

DESCRIPTION: CMS locks need to be opened and the combination changed. ASAP

JUSTIFICATION : Security

03-18702
 NOV 18 2002
 45
 in endorsement
 vision facilities
 ate is
 ate Or
 T. Jarrett
 Capt
 W. J. Jarrett

9. FUNDS CHARGEABLE	10. SIGNATURE Cpl Jarrett <i>(Requesting Official)</i> W. J. Jarrett
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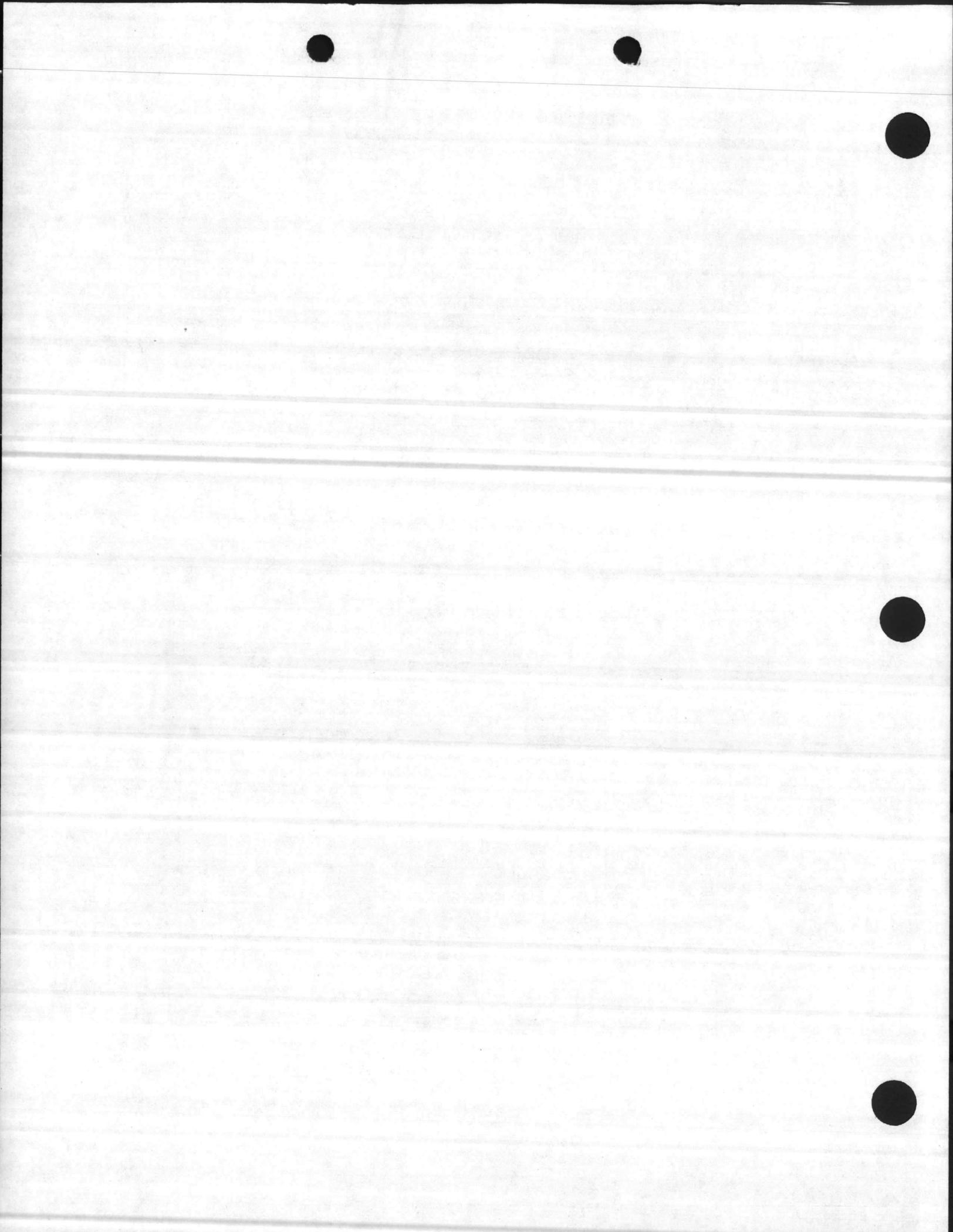
PART II--COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED
a. Labor \$	YES NO
b. Material \$	15. APPROVED. PROGRAMMING TO START IN
c. Overhead and/ or Sur \$	APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN
d. Equipment Rental/Usa \$	PROGRAMMED TO START IN AUTHORIZED BY 25TH OF
e. Contingenc \$	DISAPPR(<i>See Reverse Side</i>)
f. \$	16. SIGNATURE 17. DATE

PART III--ACTION (Filled out by Requestor)

18. TO:	20. WORK REQUESTED HAS BEEN CANCELED HAS BEEN DEFERRED WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS AT (Check one if other than PW funds are invoiced) NAVCOMPT 140 OTHER	22. DATE
21. SIGNATURE	

(See Part iv on Reverse Side)



2D MARINE DIVISION WORK REQUEST D020

Requestor see Instructions on Reverse

PART I --REQUEST (Filled out by Requestor)

1. FROM Commanding Officer 3rd Bn 10th MAR	527	2. REQUEST NO. 441184
3. TO Commanding Genral MCB, (attn;BMO)		4. DATE OF REQUEST 14-Nov-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/>		5a. REQUEST WORK START IMMEDIATELY
6. FOR FURTHER INFORMATION CALL Cpl Jarrett at 450-8288		7. SKETCH/PLAN ATTACHED YES <input type="checkbox"/> <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFIK (Including location, type, size, quantity, etc.) LOCATION: 3/10 Vault		

DESCRIPTION: 3/10 has two drawer safes that need to be opened. Request that base maint. Open them.

JUSTIFICATION : Security

03-18709

110018 NOV 2002

In Endorsement
 Division Facilities

Date in

Date Of

NOV 18 2002

[Signature]
 Capt usmc

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) Cpl Jarrett
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PART II--COST ESTIMATE

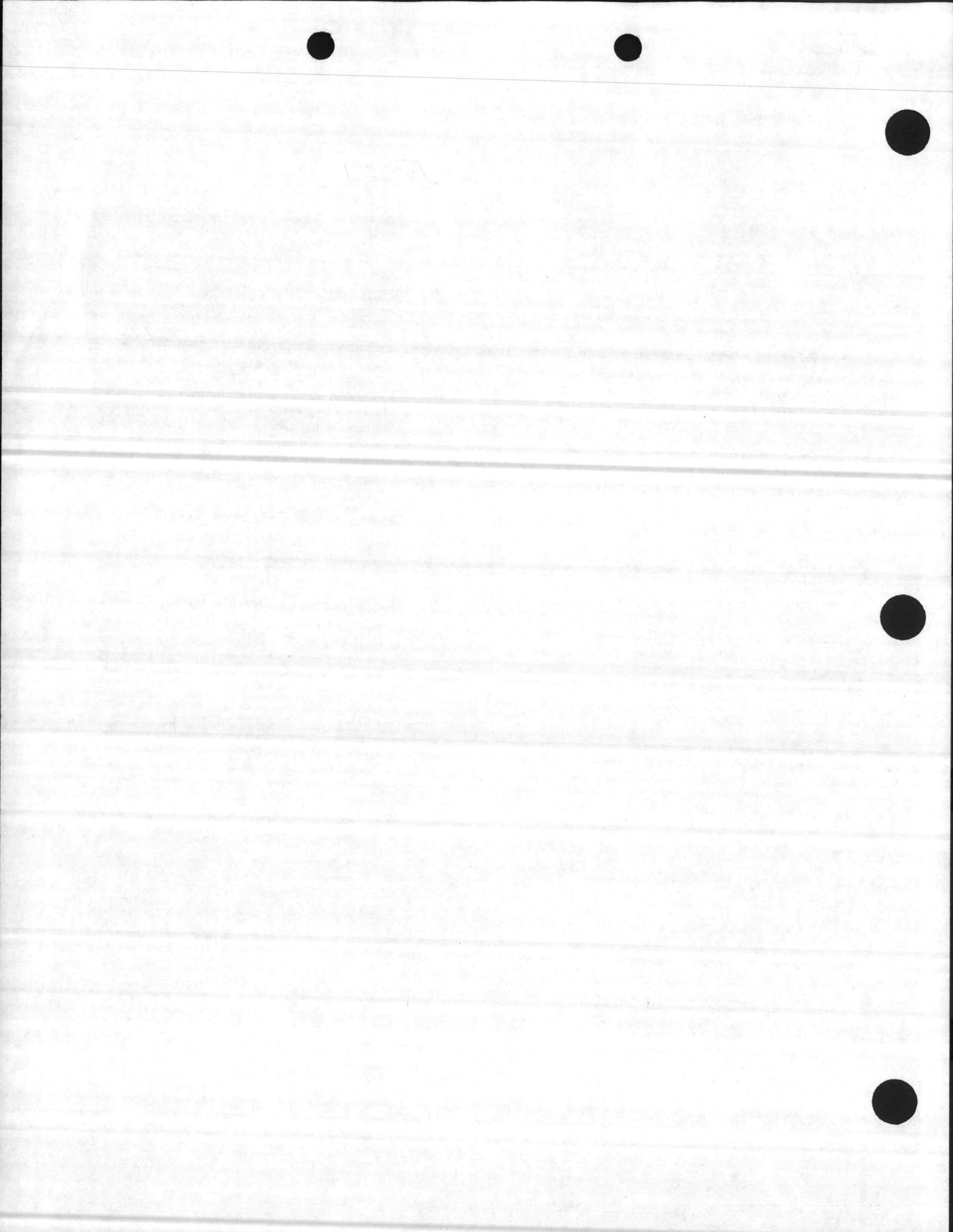
(Filled out by Maintenance Control Division if estimate requested)

11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED
a. Labor \$	YES NO
b. Material \$	15. APPROVED. PROGRAMMING TO START IN
c. Overhead and/ or Sur \$	APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN
d. Equipment Rental/Usa \$	PROGRAMMED TO START IN AUTHORIZED BY 25TH OF
e. Contingend \$	DISAPPR (See Reverse Side)
f. \$	16. SIGNATURE 17. DATE

PART III--ACTION (Filled out by Requestor)

18. TO:	20. WORK REQUESTED
19. AUTHORIZATION TO PROCEED IS AT (Check one if other than PW funds are inv) NAVCOMPT 140 OTHER	HAS BEEN CANCELED HAS BEEN DEFERRED WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE

(See Part iv on Reverse Side)



1911

11/05/02

0754

Base Food Service Office
MCB, Camp Lejeune
APPROVED <input checked="" type="checkbox"/>
DISAPPROVED <input type="checkbox"/>

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5232-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909	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.)

Location: Mess hall 521 on "O" street.

Problem: Replacing Ceiling Tiles in the Messhall and repairing frames so ceiling tiles can be hung properly.

Justification: Up keeping of government property, Ceiling tiles are missing, some are growing mold on them. This is a health hazards to employees and patrons who work and come to the messhall.

Remarks:

Review - 0-3-1440

03-1421-18

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
[Signature]

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	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED)	<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED
<input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> WILL BE PERFORMED BY OTHERS

21. SIGNATURE

22. DATE

11/2/01
114

PART I REQUEST FOR INFORMATION

TO: [REDACTED]
FROM: [REDACTED]
SUBJECT: [REDACTED]

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]

NO.	DESCRIPTION	DATE	STATUS
1	[REDACTED]	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]	[REDACTED]

PART II ACTION REQUIRED BY REQUESTOR
DATE: [REDACTED]
BY: [REDACTED]

10
Mrs. J. W. ...
...

WORK REQUEST (MAINTENANCE MANAGEMENT)

11/05/02
0754

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	RKH
DISAPPROVED	

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5230-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909	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.)

Location: Mess hall 521 on "O" street.

Problem: Wall paper Dinning Room & Office Spaces in Messhall.

Justification: Up keeping of government property,

Remarks: Wall paper has not been done in over six (6) years, wall paper has been painted over at least twice, wall paper is peeling over and coming up in different areas of messhall.

Review
10-01-02
Ohh
03-14200

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED)	<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED
<input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> WILL BE PERFORMED BY OTHERS

21. SIGNATURE	22. DATE
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REQUESTED BY: [Name]

DATE: [Date]

PROJECT: [Project Name]

APPROVED BY: [Signature]

DATE: [Date]

SIGNATURE (Mandatory)

DATE

PART 1 - COST ESTIMATE

Project Description: [Text]

ESTIMATE IN:

ESTIMATE TYPE / UNIT / QUANTITY

1. [Item Name] [Unit] [Quantity]

2. [Item Name] [Unit] [Quantity]

3. [Item Name] [Unit] [Quantity]

4. [Item Name] [Unit] [Quantity]

5. [Item Name] [Unit] [Quantity]

6. [Item Name] [Unit] [Quantity]

7. [Item Name] [Unit] [Quantity]

8. [Item Name] [Unit] [Quantity]

9. [Item Name] [Unit] [Quantity]

10. [Item Name] [Unit] [Quantity]

11. [Item Name] [Unit] [Quantity]

12. [Item Name] [Unit] [Quantity]

13. [Item Name] [Unit] [Quantity]

14. [Item Name] [Unit] [Quantity]

15. [Item Name] [Unit] [Quantity]

16. [Item Name] [Unit] [Quantity]

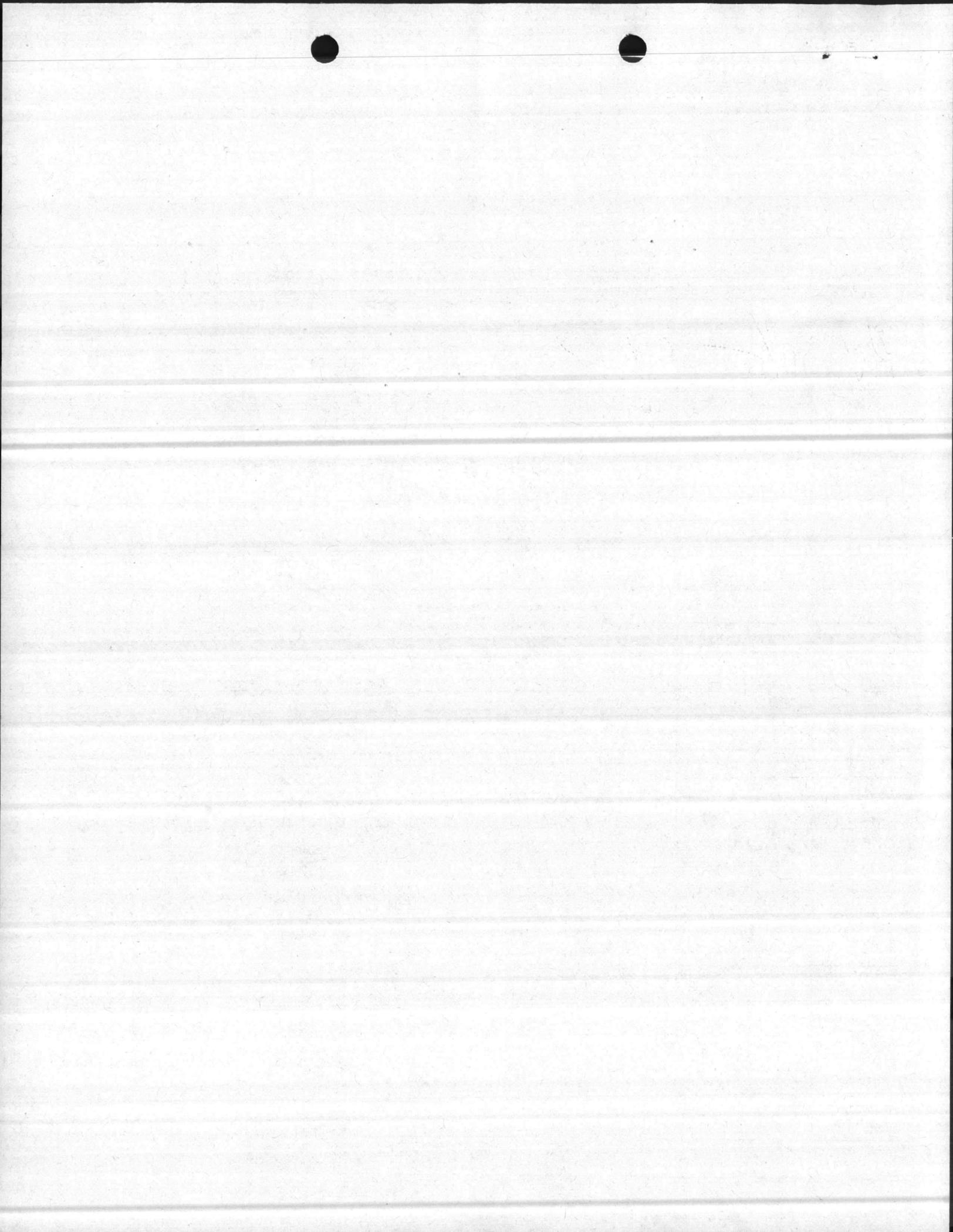
DEPT. OF [Name]

PROJECT NUMBER: [Number]

DATE: [Date]

SIGNATURE

DATE



WORK REQUEST (MAINTENANCE MANAGEMENT)

11/05/02
0755

Base Food Service Office

MCB, Camp Lejeune

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

APPROVED

RBA

DISAPPROVED

PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5228-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909/3770	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.)

Location: Mess hall 521 on "O" street.

Problem: Install Lights under canopy, on beverage/salad bar.

Justification: Up keeping of government property, and to enhance décor of the messhall

Remarks:

03-14222

Reviewed
2010-10-22
ahh

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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

1. PROJECT TITLE: [Faint text]

2. PROJECT NUMBER: [Faint text]

3. PROJECT START DATE: [Faint text]

4. PROJECT END DATE: [Faint text]

5. PROJECT STATUS: [Faint text]

6. PROJECT MANAGER: [Faint text]

7. PROJECT SPONSOR: [Faint text]

8. PROJECT BUDGET: [Faint text]

9. PROJECT RISK: [Faint text]

10. PROJECT COMPLETION: [Faint text]

11. PROJECT DESCRIPTION: [Faint text]

12. PROJECT OBJECTIVES: [Faint text]

13. PROJECT SCOPE: [Faint text]

14. PROJECT DELIVERABLES: [Faint text]

15. PROJECT MILESTONES: [Faint text]

16. PROJECT RISKS: [Faint text]

17. PROJECT ISSUES: [Faint text]

18. PROJECT CHANGES: [Faint text]

19. PROJECT COMMUNICATION: [Faint text]

20. PROJECT REPORTING: [Faint text]

Item	Description	Status	Priority
1	[Faint text]	[Faint text]	[Faint text]
2	[Faint text]	[Faint text]	[Faint text]
3	[Faint text]	[Faint text]	[Faint text]
4	[Faint text]	[Faint text]	[Faint text]
5	[Faint text]	[Faint text]	[Faint text]
6	[Faint text]	[Faint text]	[Faint text]
7	[Faint text]	[Faint text]	[Faint text]
8	[Faint text]	[Faint text]	[Faint text]
9	[Faint text]	[Faint text]	[Faint text]
10	[Faint text]	[Faint text]	[Faint text]

PARTIAL ACTION PLAN (PAP) [Faint text]

1. ACTION PLAN: [Faint text]

2. ACTION PLAN: [Faint text]

3. ACTION PLAN: [Faint text]

4. ACTION PLAN: [Faint text]

5. ACTION PLAN: [Faint text]

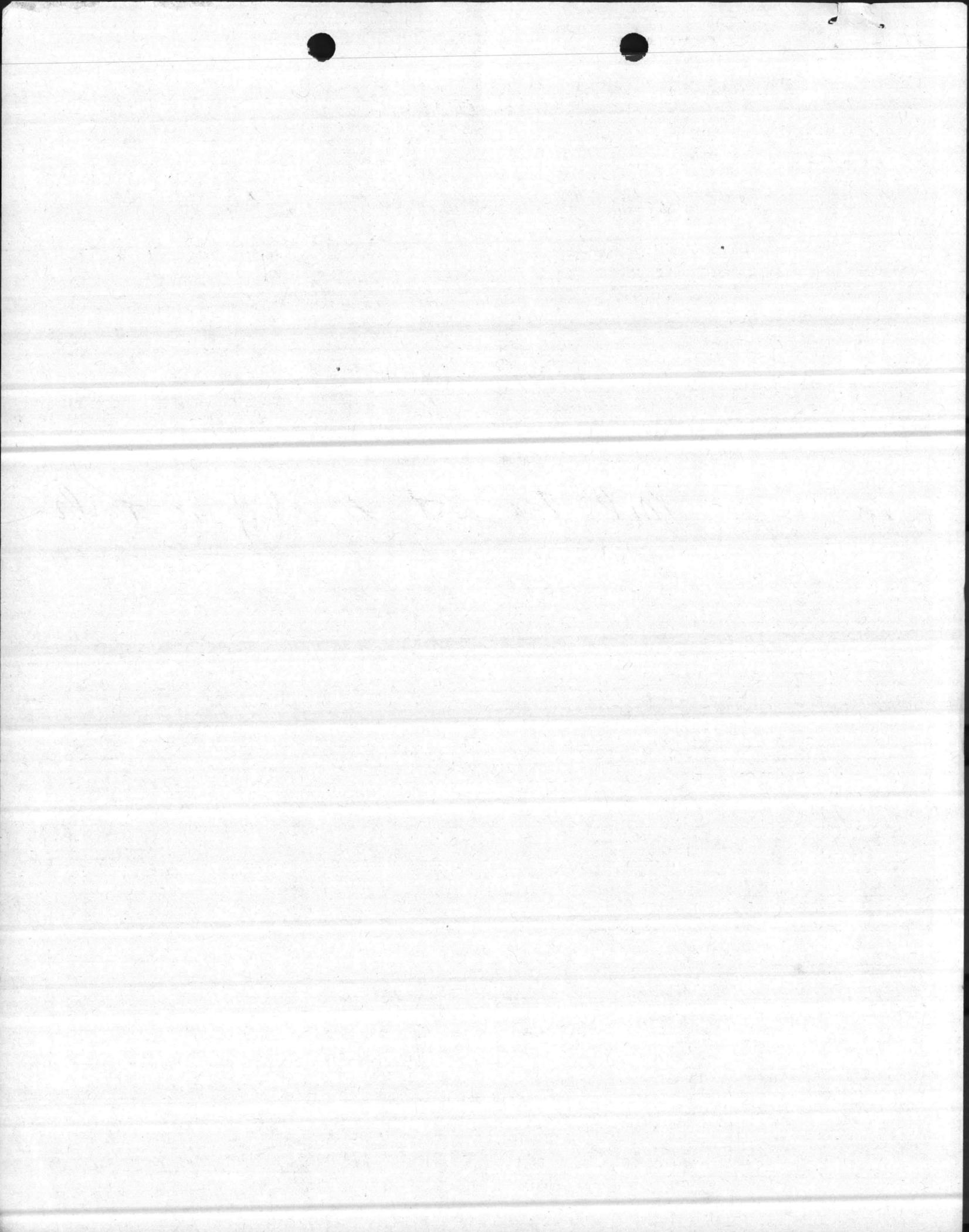
6. ACTION PLAN: [Faint text]

7. ACTION PLAN: [Faint text]

8. ACTION PLAN: [Faint text]

9. ACTION PLAN: [Faint text]

10. ACTION PLAN: [Faint text]



11/05/02
D755

Base Food Service Office MCB, Camp Lejeune
APPROVED <i>RKH</i>
DISAPPROVED

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5227-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909/3770	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.)

Location: Mess hall 521 on "O" street.

Problem: The interior of the messhall need to be resealed. Holes in wall cracks around window seals, Under Serving Lines, Salad Bars, Beverage Bars, Doors etc.

Justification: Up keeping of government property, and sanitation risks

Remarks: This was noted by Preventive Medicine & Pest Control

Reviewed 10-31-02 1440 ohm

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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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



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[Faint text]	[Faint text]	[Faint text]
[Faint text]	[Faint text]	[Faint text]
[Faint text]	[Faint text]	[Faint text]
[Faint text]	[Faint text]	[Faint text]
[Faint text]	[Faint text]	[Faint text]
[Faint text]	[Faint text]	[Faint text]

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WORK REQUEST (MAINTENANCE MANAGEMENT)

11/05/02
0757

Base Food Service Office
MCB, Camp Lejeune
APPROVED <input checked="" type="checkbox"/>
DISAPPROVED <input type="checkbox"/>

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5234-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909	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.)
Location: Mess hall 521 on "O" street.

Problem: Calibrate Hot Pass through Boxes.

Justification: Up keeping of government property, to maintain proper temperature's

Remarks: *03-14262*

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
[Signature]

1440
103102

53

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	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	21. SIGNATURE
22. DATE	

WORK REQUEST (MAINTENANCE MANAGEMENT)

11/05/02
0753

Base Food Service Office
MCB, Camp Lejeune
APPROVED <input checked="" type="checkbox"/>
DISAPPROVED <input type="checkbox"/>

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321

PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5233-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909	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.)

Location: Mess hall 521 on "O" street.

Problem: Replacing Temperature knobs on Grills, Potato Bars.

61
GALLEY
10-31-02
1440

Justification: Up keeping of government property, to maintain proper temperature's

Remarks:

03-14274

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	21. SIGNATURE

WORK REQUEST (MAINTENANCE MANAGEMENT)

11/05/02
0754

Base Food Service Office
MCB, Camp Lejeune
APPROVED <i>RMH</i>
DISAPPROVED

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5229-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 18-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909/3770	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.)
Location: Mess hall 521 on "O" street.

Problem: Heat Lamps over serving line are not working. *57*

Justification: Two keep food hot when serving. Upkeep of government property.

03-14245 *10-31-02* *1440*

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Mike Picanco</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	

Form 1041-100 (1999)

PART I RECIPIENT (Filed out by recipient)

U.S. RESIDENT

RECIPIENT'S TAX ID NUMBER

STATE

NAME OF THE CONTRIBUTOR

WORK ANNUAL GROSS PAYABLE TO THE RECIPIENT

1041-100

RECIPIENT'S TAX ID NUMBER

PAYOR'S TAX ID NUMBER

RECIPIENT'S TAX ID NUMBER

CONTRIBUTOR'S TAX ID NUMBER

RECIPIENT'S TAX ID NUMBER

APPROVED BY THE CONTRIBUTOR

RECIPIENT'S TAX ID NUMBER

APPROVED BY THE CONTRIBUTOR

RECIPIENT'S TAX ID NUMBER

PART II FROM (Filed out by recipient)

RECIPIENT'S TAX ID NUMBER

CONTRIBUTOR'S TAX ID NUMBER

RECIPIENT'S TAX ID NUMBER

CONTRIBUTOR'S TAX ID NUMBER

RECIPIENT'S TAX ID NUMBER

CONTRIBUTOR'S TAX ID NUMBER

WORK REQUEST (MAINTENANCE MANAGEMENT)

1405/02
0756

Base Food Service Office
MCB, Camp Lejeune
APPROVED <i>[Signature]</i>
DISAPPROVED

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor) *B-053*

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. <i>5225-02</i>
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909	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.)
 Location: Mess hall 521 on "O" street.
 Problem: Hole In Scullery Wall
 Justification: Up keeping of government property and safty hazards, Also stops Roaches from making home
 Remarks: *03-14265*

41 MASON
10-21-02
1440

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
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21. SIGNATURE	22. DATE
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REPORT NUMBER: 100-100000

DATE: 10/10/50

PROJECT: 100-100000

PERFORMER: J. W. ...

LOCATION: ...

DESCRIPTION: ...

1. PURPOSE AND SCOPE OF WORK: ...

2. SUMMARY OF WORK: ...

3. DETAILED DESCRIPTION OF WORK: ...

NO.	DESCRIPTION	DATE	INITIALS
1
2
3
4
5
6
7
8
9
10

4. CONCLUSIONS AND RECOMMENDATIONS: ...

5. REFERENCES: ...

6. DISTRIBUTION: ...

7. SIGNATURES: ...

WORK REQUEST (MAINTENANCE MANAGEMENT)

1105/02
0756

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	RKA
DISAPPROVED	

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5224-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Oct-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Oct-02
6. FOR FURTHER INFORMATION CALL Mike Picanco 451-3909	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.)

Location: Mess hall 521 on "O" street.

Problem: Safety Covers for Lights in Store Room.

Justification: Up keeping of government property, to protect employee's in the messhall.

Remarks: 03-14258

41
10-31-02
ahh

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Mike Picanco</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
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21. SIGNATURE	22. DATE
---------------	----------

PART REQUEST IT HAS BY REQUESTOR

1. REQUESTOR'S NAME	2. PROJECT NAME
3. REQUESTOR'S ADDRESS	4. PROJECT ADDRESS
5. REQUESTOR'S PHONE NUMBER	6. PROJECT PHONE NUMBER
7. REQUESTOR'S FAX NUMBER	8. PROJECT FAX NUMBER
9. REQUESTOR'S E-MAIL ADDRESS	10. PROJECT E-MAIL ADDRESS

11. PROJECT DESCRIPTION

12. PROJECT OBJECTIVES

13. PROJECT SCOPE

14. PROJECT BUDGET

15. PROJECT RISK ASSESSMENT

16. PROJECT SCHEDULE

17. PROJECT TEAM

18. PROJECT CONTACTS

19. PROJECT STATUS

20. PROJECT COMMENTS

21. PROJECT APPROVAL

22. PROJECT SIGNATURE

23. PROJECT DATE

24. PROJECT LOCATION

25. PROJECT CONTACT

Item No.	Description	Quantity	Unit Price	Total Price
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

26. PROJECT TOTAL PRICE

27. PROJECT TAXES

28. PROJECT TOTAL COST

29. PROJECT PAYMENT TERMS

30. PROJECT DELIVERY DATE

31. PROJECT CONTACT

32. PROJECT SIGNATURE

33. PROJECT DATE

34. PROJECT LOCATION

35. PROJECT CONTACT

WORK REQUEST (MAINTENANCE MANAGEMENT)

11/05/02
0753

Base Food Service Office
MCB, Camp Lejeune
APPROVED <input checked="" type="checkbox"/>
DISAPPROVED <input type="checkbox"/>

(DEPARTMENT SEE INSTRUCTIONS IN)
FAC MO. 321)

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5219-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 25-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 Mike Picanco 451-3909	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.)
Location: Mess hall 521 on "O" street.

Problem: Main Serving lines is leaking. *61 Elway*

Justification: This keeps the line filled and food hot.

Remarks: *03-14270*

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
Mike Picanco

10-31-02
6440

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	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	

PART I - REQUEST (Filled out by Requestor)

1 FROM _____

2 REQUEST NO. 105

3 TO _____

4 DATE OF REQUEST _____

5 REQUEST FOR _____

6 FOR FURTHER INFORMATION CALL _____

7 SKETCH PLAN ATTACHED YES NO

8 COST ESTIMATE YES NO

9 PERFORMANCE OF WORK YES NO

10. DESCRIPTION OF WORK AND JUSTIFICATION (including location, type, size, quantity, etc.)

Location: Meas Hall 521 on "O" street.

11. PROBLEM: Main serving lines in Meas Hall

12. JUSTIFICATION: This keeps the line filled and food hot

13. REMARKS:

14. FUNDS CHARGEABLE

15. SIGNATURE (Requesting Official)

PART II - COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

16. ESTIMATE NO. _____

17. COST ESTIMATE	18. SKETCH PLAN ATTACHED
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
a. Labor	APPROVED <input type="checkbox"/>
b. Material	APPROVED <input type="checkbox"/>
c. Overhead	APPROVED <input type="checkbox"/>
d. Equipment	APPROVED <input type="checkbox"/>
e. Contingency	DISAPPROVED <input type="checkbox"/>
f. Total	

19. AUTHORIZED BY 25TH OR _____

20. IF AUTHORIZED BY 25TH OR _____ ARE MADE AVAILABLE

21. PROGRAMMED TO START IN _____

22. BASED ON PRESENT WORKLOAD THIS JOB CAN BE _____

23. PROGRAMMED TO START IN _____

24. APPROVED

PART III - ACTION (Filled out by Requestor)

25. AUTHORIZATION TO PROCEED IS ATTACHED YES NO

26. NAVCOMPT 140 OTHER

27. WORK REQUESTED HAS BEEN CANCELLED WILL BE PERFORMED BY OTHERS

28. DEFERRED HAS BEEN

Base Food Service Office
MCB, Camp Lejeune
APPROVED RKH
DISAPPROVED

021010

Requestor see instructions on Reverse Side

PART I--REQUEST (Filled out by Requestor)

1. FROM Base Food Service		2. REQUEST NO. B0531
3. TO Base Maintenance Officer		4. DATE OF REQUEST 021010
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 021010
6. FOR FURTHER INFORMATION CALL MH 521/Mike 451-3809		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.) Location: Mess Hall 521 Mess Deck Problem: Beverage Bar leaking Justification: Safety violation. <div style="font-size: 2em; text-align: center;">03-5893</div>		
9. FUNDS CHARGEABLE		10. SIGNATURE (Requesting Official) Reena H. Hines

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 _____	
b. Material		<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____	
c. Overhead and/or Surcharge		PROGRAMMING TO START IN _____, IF	
d. Equipment Rental/Usage		AUTHORIZED BY 25TH OF _____ AND FUNDS	
e. Contingency		ARE MADE AVAILABLE.	
f. Total		16. SIGNATURE	17. DATE
		<input type="checkbox"/> DISAPPROVED. (See Reverse Side)	

PART III--ACTION (Filled out by Requestor)

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

NOV 1950

1010

1010
1010
1010

Base Food Service
Base Maintenance Office

X

1010

1010
1010
1010

1010

1010

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

Base Food Service Office
MCB Camp Lejeune
APPROVED <i>RW</i>
DISAPPROVED

RW Department may instructions in NAVFAC MO-321

021007

Requester see instructions on Reverse Side

PART I--REQUEST (Filled out by Requestor)

1. FROM Base Food Services	2. REQUEST NO. 8053/5190-02
3. TO Base Maintenance Officer	4. DATE OF REQUEST 021007
5. REQUEST FOR <input checked="" type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	6. REQUEST WORK START 021007
8. FOR FURTHER INFORMATION CALL CPL Hines at 451-7562/7563	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9. DESCRIPTION OF WORK AND JUSTIFICATION (including location, type, also, quantity, etc.) look at safe to see if it can be opened with out distroying it. AT Bld. 521. In office: safe is made by Mosely 2521116	
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Reena H. Hines</i>

03-4318

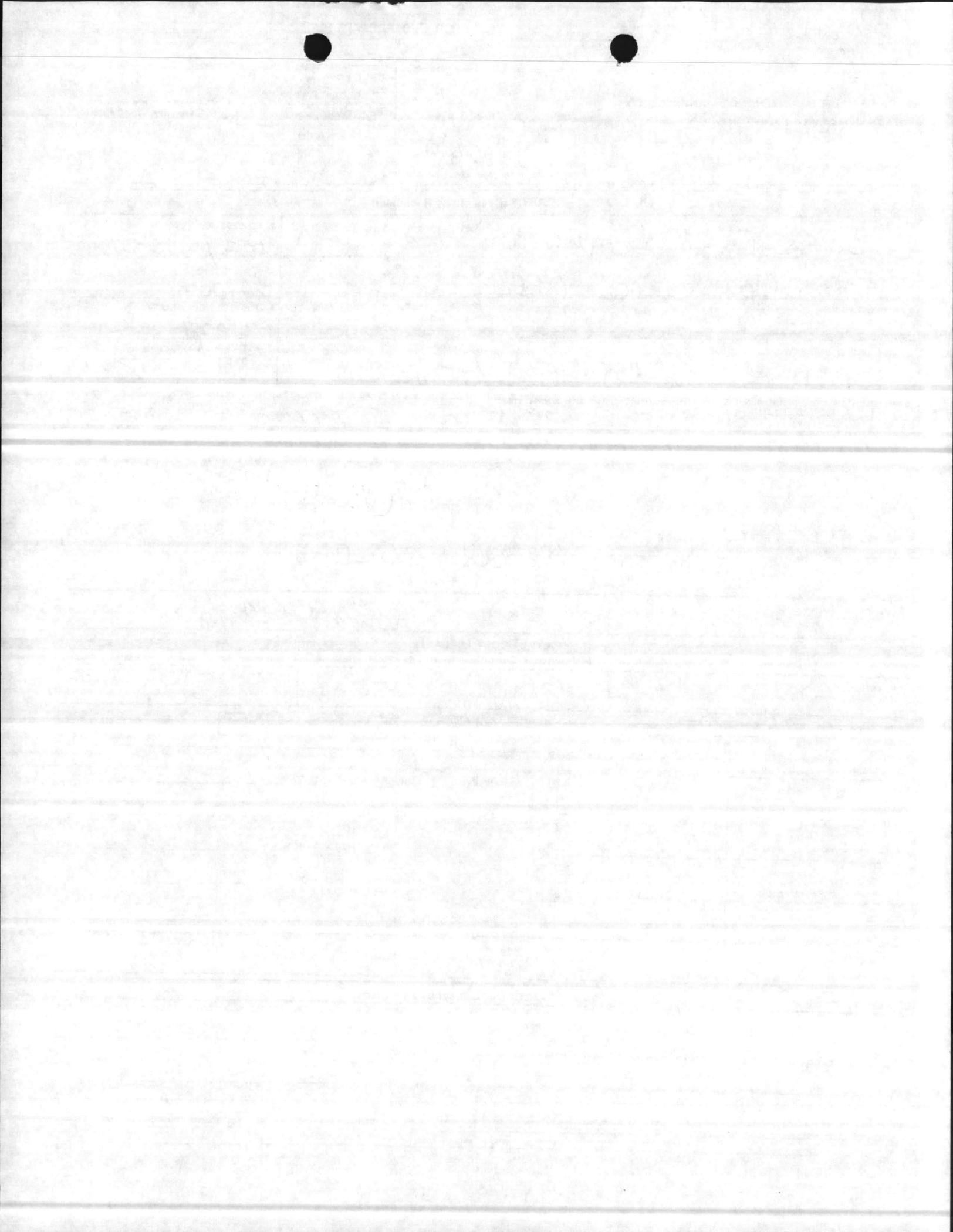
PART II--COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	16. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ IF AUTHORIZED BY 26TH 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	15. SIGNATURE
	17. DATE

PART III--ACTION (Filled out by Requestor)

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

(See Part IV on Reverse Side)



Work Order	02-153100	SEAL ON THE INTERIOR OF MESSHALL NEEDS TO BE REPAIRED.	WO Priority	4
Location	521	EM DINING FAC	Loc/Eq Priority	
Actual Location	SEE POC FOR DETAILS		Equipment Up?	<input type="checkbox"/>
Equipment			Status	OPEN
	Status Date	2002-07-17-10.48.00	Work Type	RS
FIP	??RP????EBH0\$\$CLM1\$\$\$\$	Reported By	WORKRQST	Warranty Date
		Entered By	LEWISGM	Reported Date
			Respond By	2002-07-26-15.06.00
Customer Information				
Requester Code	B053	POC	MSGT FRESQUEZ	Work Phone
				451-3909
			Request #	5115-02
Job Details		Failure Reporting		Follow-up Work
Job Plan		Failure Class	STRUCTUR	Originating WO
PM		Problem Code		Has Follow-up Work? <input type="checkbox"/> N
Service Contract		Units		Responsibility
Vendor				Supervisor
				SPOONERDP
				Shop
				93
				Assigned To
				SPOONERDP
				Craft
Scheduling Information				Modified
	Start		Completion	By
Target				SPOONERDP
Scheduled				Date
Actual				2002-07-24-9.2
Estimated Duration	0:00	Crew		Import from Win Estimator
Remaining Duration		Interruptible?	<input type="checkbox"/>	Warranty

Issued 4 tubes
MATERIAL RECEIVED

PRINT NAME JAMIR MERCENA DATE 020724

SIGNATURE Jamir Mercena

POC will return w/ estimate
of qty required

93 8/29 08 **COMPLETED** MAXIMO

of 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

77062
MATERIAL RECEIVED
PRINT NAME _____
DATE _____
CONTACT _____

COMPLETED

Base Fund Service Office
APPROVED
DISAPPROVED

PART I-REQUEST (Filled out by Requestor) 8-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5715-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 11-Jul-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 14-Jul-02
6. FOR FURTHER INFORMATION CALL Msgt Fresquez 451-3909	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.)
Location: Mess hall 521 on "O" street.

Problem: Seal's in the interior of mess hall need to be resealed.
Self Help: 20 containers of silicone , silicone gun.

Justificatiior: Up keeping of government property, and sanitation risks

02-153100
020712
115
LM

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Fresquez</i>
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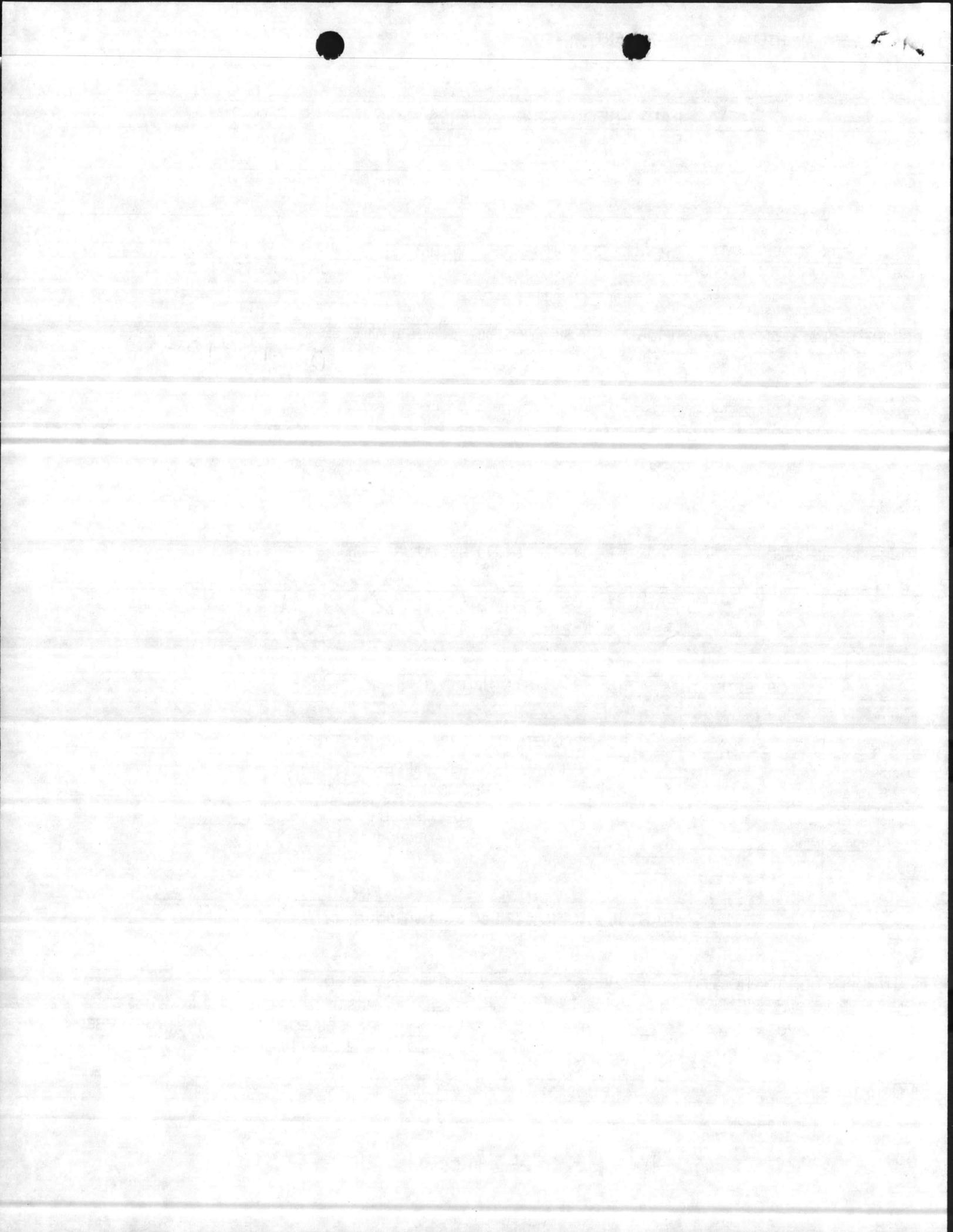
PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

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

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	



PART I-REQUEST (Filled out by Requestor)

3-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5176-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 18-Sep-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 23-Sep-02
6. FOR FURTHER INFORMATION CALL Cpl Ernsberger 451-3909/451-3770	7. SKETCH PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

MCB, Camp Lejeune
APPROVED
DISAPPROVED

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)
Location: Mess hall 521 on "O" street.

PROBLEM: Front door by the offices will not close properly

Justification : Up keeping of government property and to keep pest and insect problem to a minimum

63

0279761

345
0209/10

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Ernsberger</i>
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PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

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

PART III --ACTION (Filled out by Requestor)

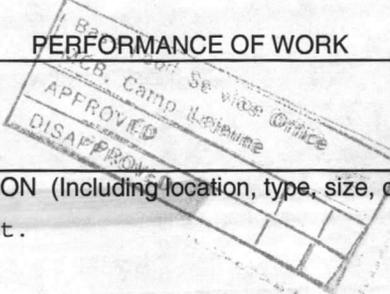
18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	



MEMORANDUM

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5163-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Aug-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 4-Sep-02
6. FOR FURTHER INFORMATION CALL Cpl Ernsberger 451-3909	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.)
Location: Mess hall 521 on "O" street.

Problem: Lock for storeroom from outside is broke.

45

020830
0850
UP

Justification: Up keeping of government property and security

02-17332

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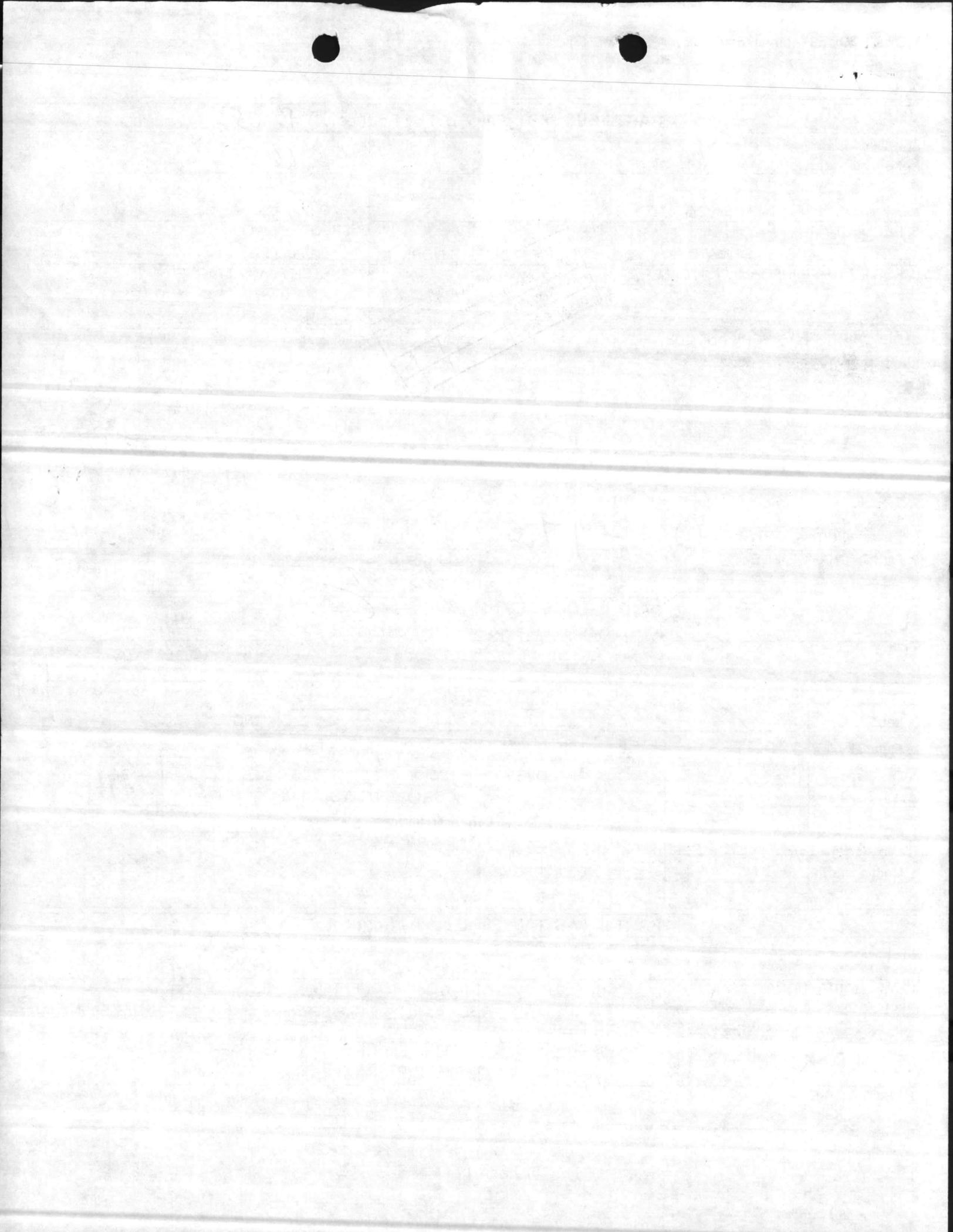
PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

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

PART III --ACTION (Filled out by Requestor)

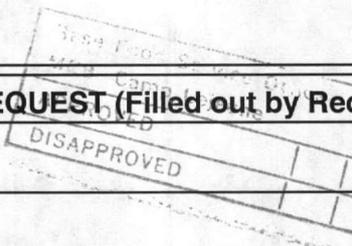
18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	



PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5167-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 22-Aug-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 25-Aug-02
6. FOR FURTHER INFORMATION CALL Sgt Mercier 451-3909/451-3770	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.)

Location: Mess hall 521 on "O" street.

PROBLEM: Copper lid needs to be welded back on to the copper

63

020830
0852
UP

Justification : Up keeping of government property and safety regulations .

02-17338

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>J. M. J.</i> 8-22-02
---------------------	--

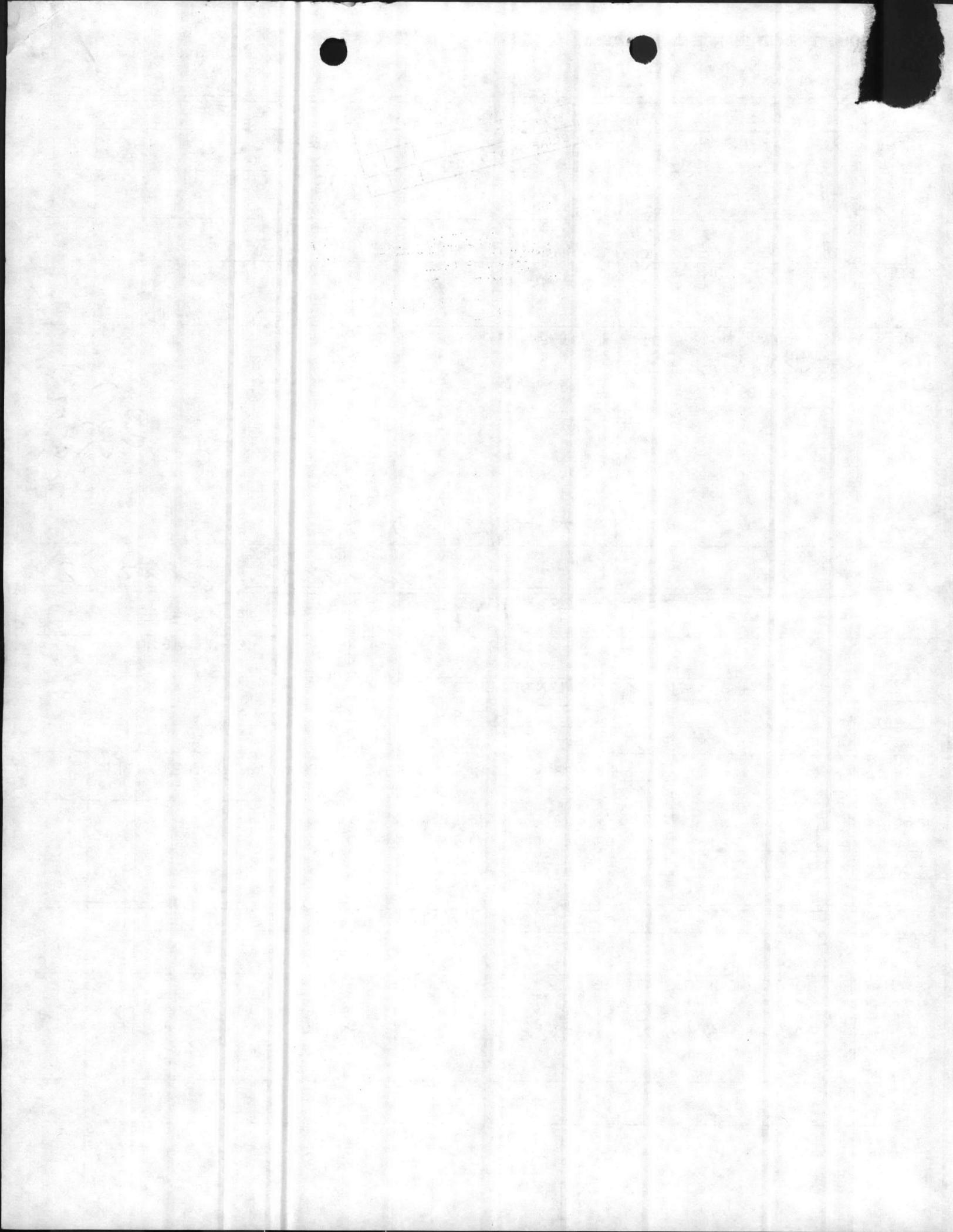
PART II -- COST ESTIMATE

(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	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	



Naval Service Office
Mr. Carlo Lelaing
APPROVED

PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5162-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Aug-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 4-Sep-02
6. FOR FURTHER INFORMATION CALL Cpl Ernsberger 451-3909	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.)

Location: Mess hall 521 on "O" street.

Problem: hole in the thaw box/ dairy refer

(53)

020830
6850
CV

173317

Justificator: Up keeping of government property and safty hazards

Remarks: the wall is fire proof, with the hole there it defeats the purpose.

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Mariano Franco</i>
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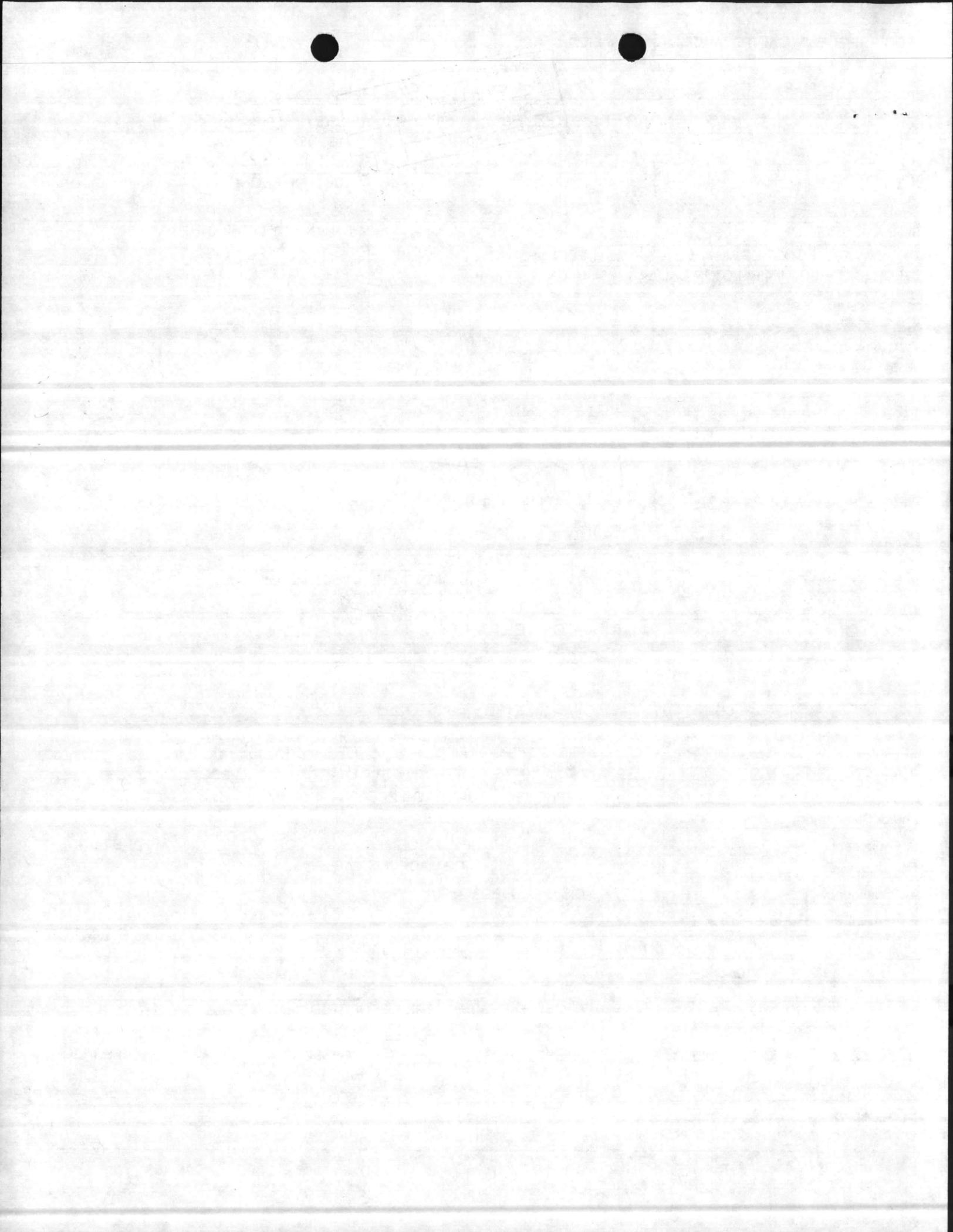
PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

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

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	





1911

1911

PART I-REQUEST (Filled out by Requestor)

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO.
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 30-Jul-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 1-Aug-02
6. FOR FURTHER INFORMATION CALL Sgt Mercier 451-3909/451-3770	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.)
Location: Mess hall 521 on "O" street.

: Request for mess hall to be fogged and sprayed for pest on August 16, 2002

Justification : Increase in Insect Population and to comply with sanitation standards as set forth in NAVMGD P5010

Review

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. S. Resque</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE



5-7-10

5-7-10

RECEIVED

MATERIAL RECEIVED

PRINT NAME _____ DATE _____

SIGNATURE _____

Base Food Service Office

PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5081-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 14-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 17-Jun-02
6. FOR FURTHER INFORMATION CALL SSgt Franco , M 451-3909/451-3770	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.)

Location: Mess hall 521 on "O" street.

PROBLEM:NEED YELLOW TRAFFIC PAINT FOR MESS HALL

Justification :Beautification of the messhall and due to the inspection coming up.

ops
Rev:ew

02-14664

0530
020621
LVA

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED)	<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED
<input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE

Case and Review Office

OS 10-1-05

10-023

10-1-05

10-1-05

OS - 10-1-05

10-1-05

COMPLETED

MATERIAL RECEIVED

PRINT NAME _____

SIGNATURE _____

02-121659

PART I-REQUEST (Filled out by Requestor)

1. FROM Mess hall Manager Mess hall 521	MCS, Camp Lejeune APPROVED <input checked="" type="checkbox"/> / CA	2. REQUEST NO. B-053 4974-02
3. TO Base Facilities Maintenance Officer	DISAPPROVED <input type="checkbox"/>	4. DATE OF REQUEST 21-Mar-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 21-Mar-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770		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.)

Location: Mess hall 521 on "O" street.

ops

Problem: The screen for the window throught out the mess hall need to be replaced and or repaired.

Justification : The screens help to prevent insect from entering the mess hall

RECEIVED
 02 MAR 25 PM 1 5
 BASE MAINTENANCE
 OPERATION DIVISION

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS	<input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE		



COMPLETED

MATERIAL RECEIVED

PRINT NAME

SIGNATURE

approved MCA BES

PART I-REQUEST (Filled out by Requestor) B053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 4854-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 23-Jan-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 23-Jan-02
6. FOR FURTHER INFORMATION CALL MSGT FRESQUEZ at 451-3909/3770	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.)

Location: Mess hall 521 on "O" street.

Problem: Window screens are in need of repair requesting assistance by self help.

02-104767

OK

Justification: The screens will allow for better ventilation and to prevent vermin from entering the mess hall.

RECEIVED
02 JAN 23 PM 1 38
BASE MAINTENANCE
OPERATIONS DIVISION

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Fresquez</i>
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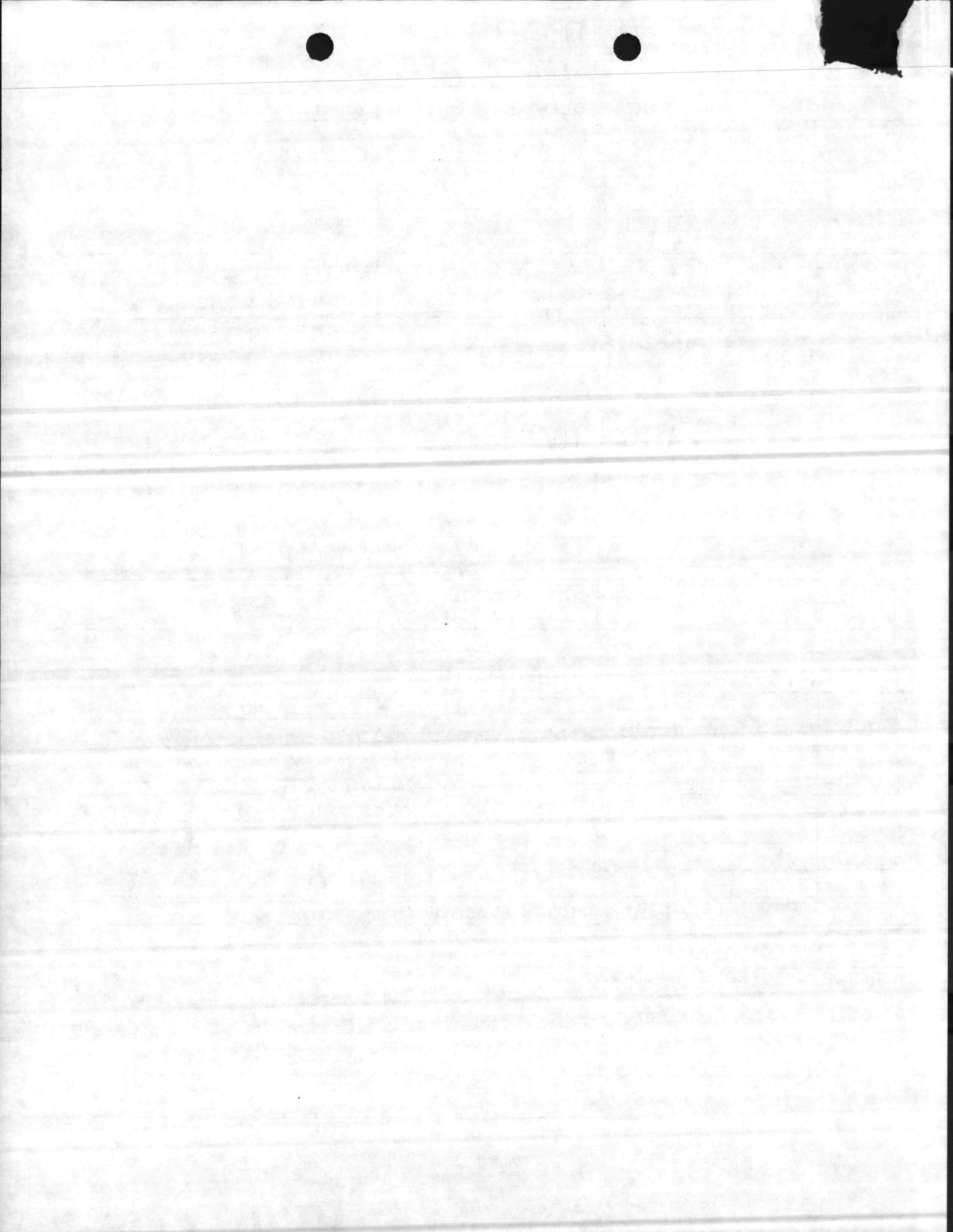
PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

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

PART III --ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED <small>(CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED)</small> <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER
21. SIGNATURE	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
22. DATE	



Base Food Service Office
MCB, Camp Lejeune

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess Hall Manager Mess hall 521	2. REQUEST NO. 5134-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 25-Jul-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	REQUEST WORK START 25-Jul-02
6. FOR FURTHER INFORMATION CALL Sgt Mercier 451-3909/451-3770	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.)
Location: Mess hall 521 on "O" street.

Problem: Water line for Instant potato maker needs cut and tapped.;

Justification : Product no longer available.

02-160908
020750
00800
02101

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. J. [Signature]</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

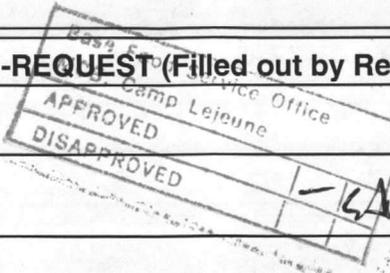
18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	21. SIGNATURE
	22. DATE

STANDARD TIME
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PART I-REQUEST (Filled out by Requestor) B-053



1. FROM
Mess hall Manager Mess hall 521

2. REQUEST NO.
5137-02

3. TO
Base Facilities Maintenance Officer

4. DATE OF REQUEST
25-Jul-02

5. REQUEST FOR
 COST ESTIMATE PERFORMANCE OF WORK

6. FOR FURTHER INFORMATION CALL
Sgt Mercier 451-3909/451-3770

7. SKETCH PLAN ATTACHED
 YES NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)
Location: Mess hall 521 on "O" street.

: The self closing mechanism to the door separating the galley and the mess deck is inoperable.

Justification : Up keeping of government property and sanitation regulations .

02-160406

63

020730
052070

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
M. August

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"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Material	<input type="checkbox"/>	APPROVED.	PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/>	APPROVED.	BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	<input type="checkbox"/>		IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/>	DISAPPROVED.	
f. Total			

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

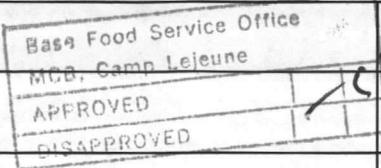
21. SIGNATURE

22. DATE



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PART I-REQUEST (Filled out by Requestor)

1. FROM Mess hall Manager Mess hall 521			2. REQUEST NO. B-052 5739-02
3. TO Base Facilities Maintenance Officer			4. DATE OF REQUEST 24-Jul-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		REQUEST WORK START 25-Jul-02	
6. FOR FURTHER INFORMATION CALL Sgt Mercier 451-3909/451-3770		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.)
Location: Mess hall 521 on "O" street.

PROBLEM: Corner plate to scullery entrance needs to be reattached to wall

Justification : Up keeping of government property and safety regulations .

02-160401

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020230
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9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Mesquer</i>
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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	
a. Labor	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
b. Material	<input type="checkbox"/>	APPROVED.	PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/>	APPROVED.	BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	<input type="checkbox"/>		IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/>	DISAPPROVED.	
f. Total	<input type="checkbox"/>		

PART III --ACTION (Filled out by Requestor)

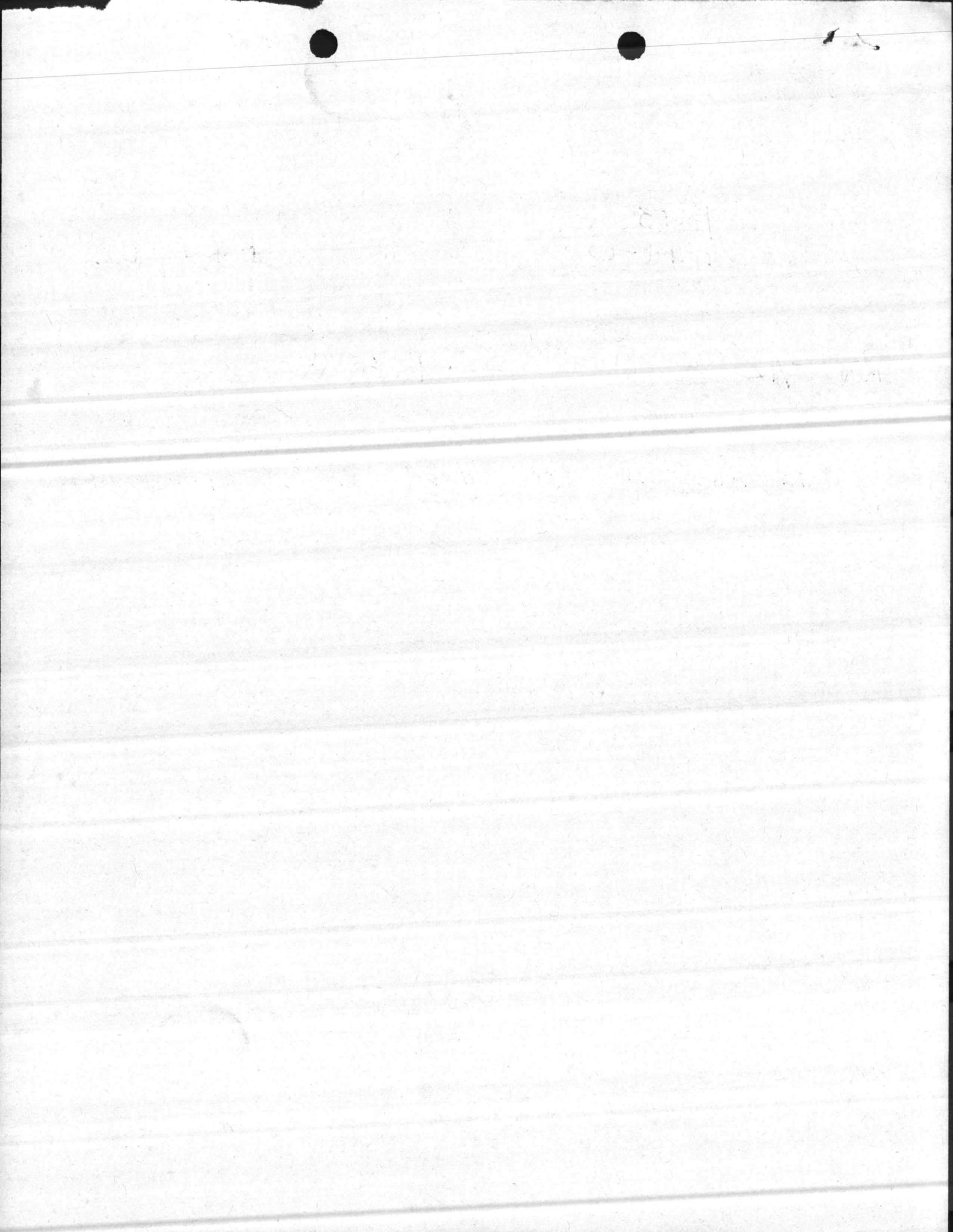
18. TO		20. WORK REQUESTED	
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED)		<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS	
<input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER		<input type="checkbox"/> HAS BEEN DEFERRED	
21. SIGNATURE		22. DATE	



3 OF 151 - 11-20-11

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NOV 20 2011	11 20 11
NOV 20 2011	11 20 11
NOV 20 2011	11 20 11

11-20-11



PART I-REQUEST (Filled out by Requestor) *B-053*

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. <i>5114-02</i>
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST <i>11-Jul-02</i>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START <i>14-Jul-02</i>
6. FOR FURTHER INFORMATION CALL <i>Msgt Fresquez 451-3909</i>	7. SKETCH PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Base Facilities Maintenance Officer, Camp Lejeune
 APPROVED
 DISAPPROVED

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

Location: Mess hall 521 on "O" street.

Problem: Drainage handle needs to be replace with a 10 inch T bar welded on to the turning mechanism.

Justificator: Up keeping of government property, and safty hazzard.

opened to shop 6/ to repair - JWilliams

REVIEW BY 020712 1115
02-153188

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Fresquez</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

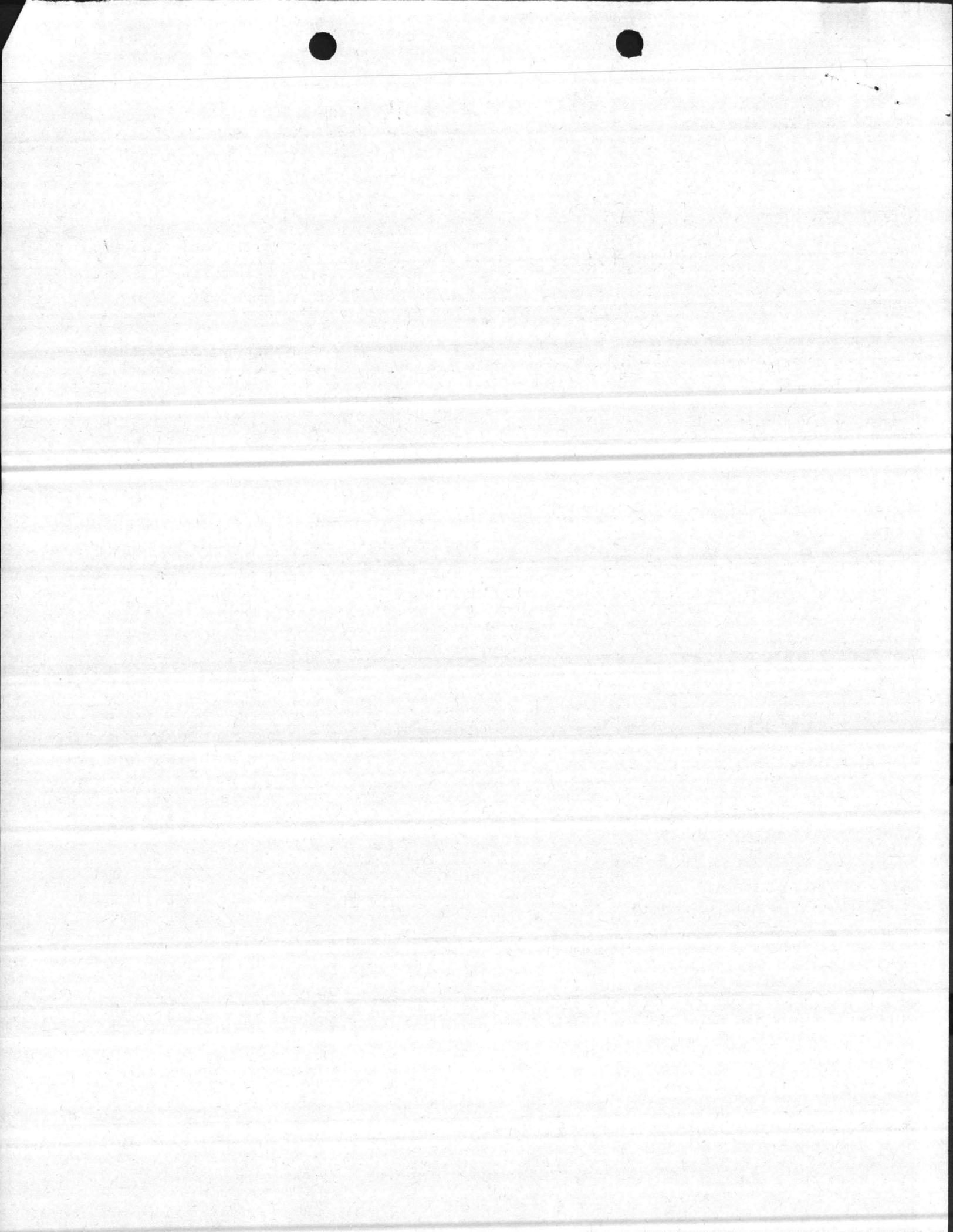
18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

1952

2/18/52

1952 - 1953

1952



Base Food Service Office
MCP, Camp Lejeune
DISAPPROVED

PART I-REQUEST (Filled out by Requestor)

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. B-053 5126-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 23-Jul-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 25-Jul-02
6. FOR FURTHER INFORMATION CALL Msgt Fresquez 451-3909	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.)

Location: Mess hall 521 on "O" street.

Problem: 2 sneeze guards need to be replaced on pastry bar on main line mess deck

Justification: For safety and sanitation requirements

Review
HRSC EAST
2002 JUL 24 P 1:10

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Maximo Fresquez</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	

02-158805

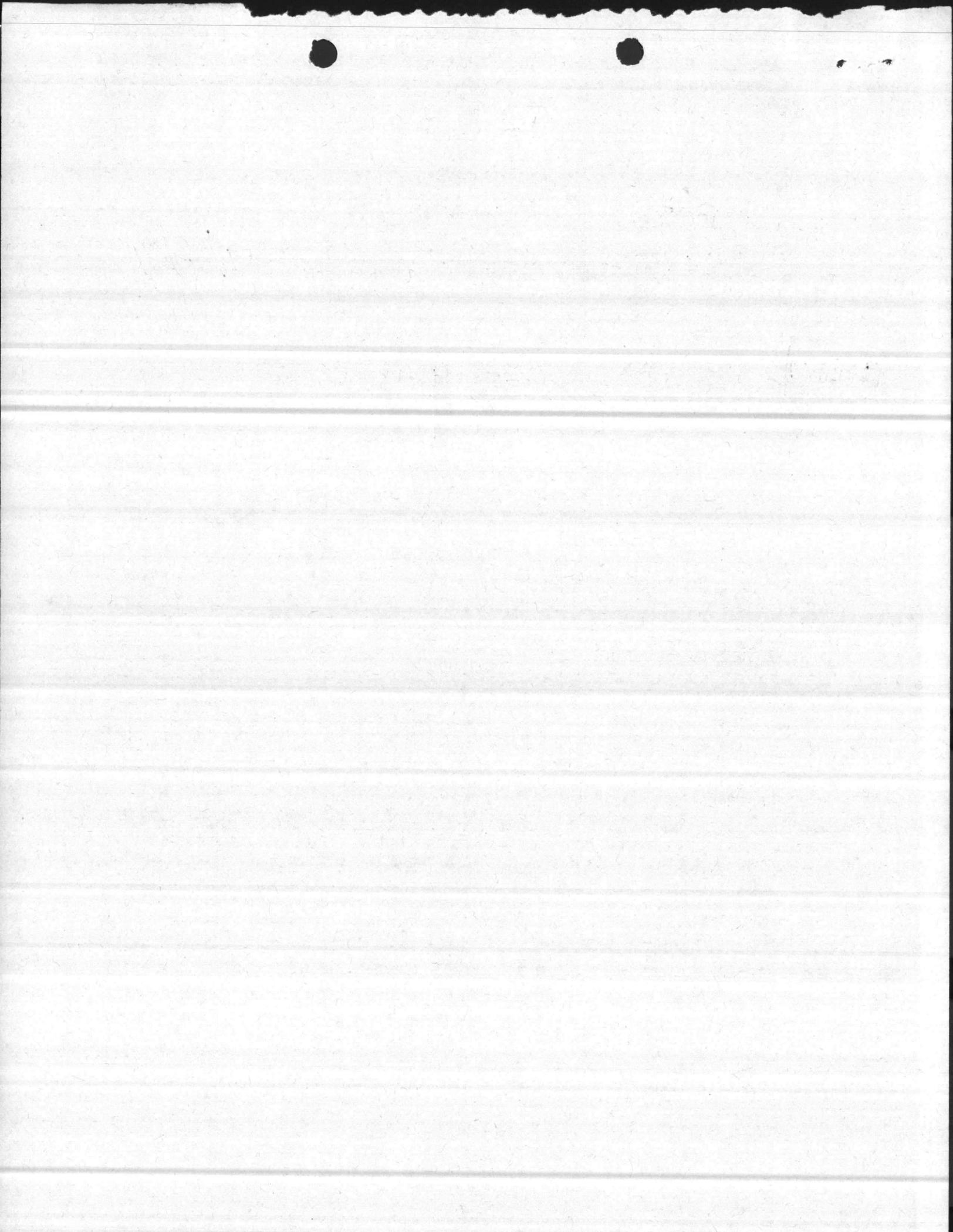
UNITED STATES AIR FORCE
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20330

5005 11 24 15 20 10

TRIAL

[Handwritten signature]

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PART I-REQUEST (Filled out by Requestor) *B-053*

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. <i>5097-02</i>
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770	7. SKETCH PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Base Food Service Office
MGR. Camp Lejeune
APPROVED
DISAPPROVED

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)
Location: Mess hall 521 on "O" street.

Problem: Steam table needs the electrical components taking out
ser#I2851922, mod#5E6B

Justification :Steam table needs to be LTI for DRMO

ops
02-149196
020201
10201

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>GySgt</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

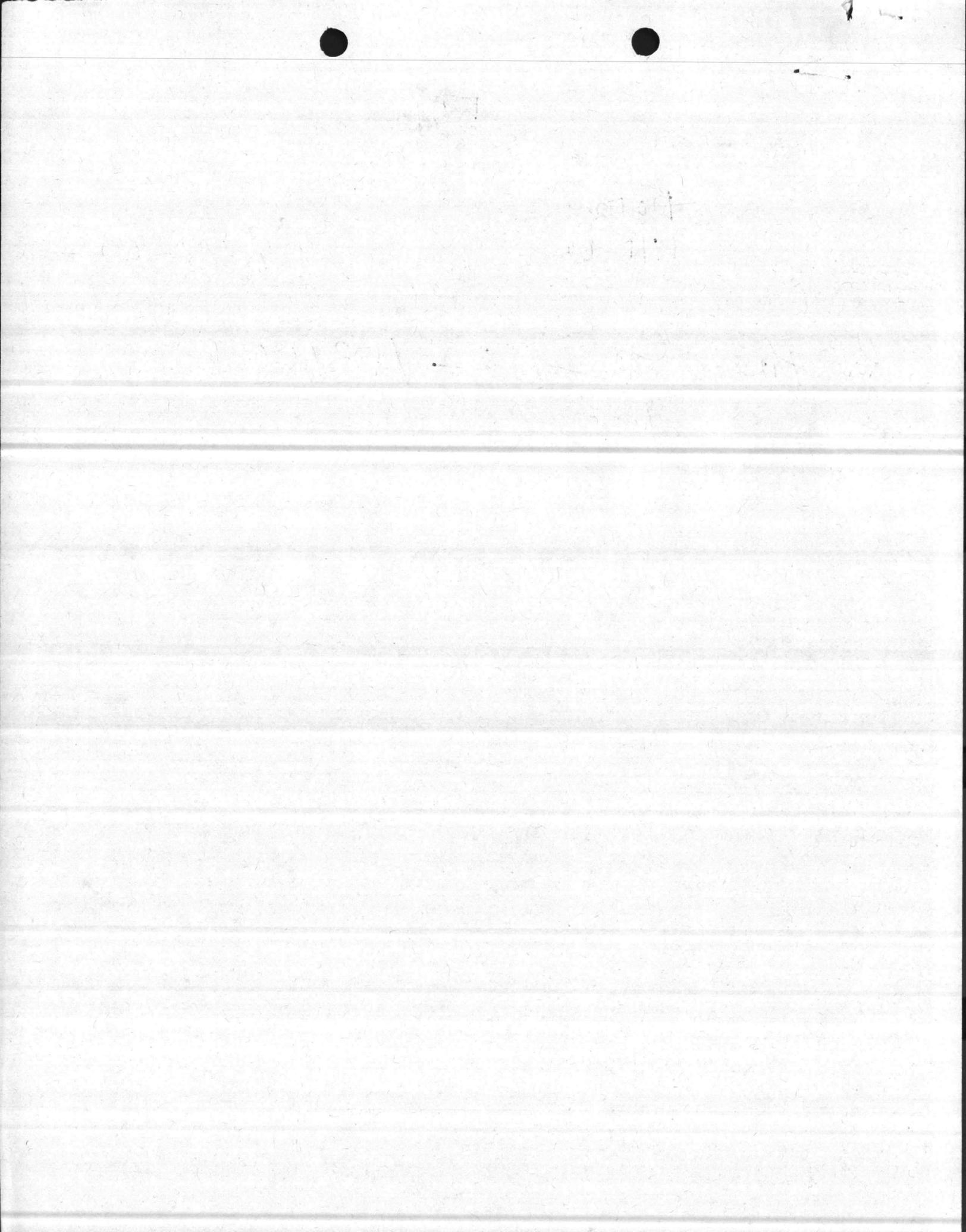
PART III --ACTION (Filled out by Requestor)

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	

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100-100000-100000	100-100000-100000
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WORK REQUEST (MAINTENANCE MANAGEMENT)

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

Base Food Service Office
MCR Camp Lejeune
APPROVED <input checked="" type="checkbox"/>
DISAPPROVED <input type="checkbox"/>

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5715-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 11-Jul-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 14-Jul-02
6. FOR FURTHER INFORMATION CALL Msgt Fresquez 451-3909	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.)
Location: Mess hall 521 on "O" street.

Problem: Seal's in the interior of mess hall need to be resealed.
Self Help: 20 containers of silicone , silicone gun.

Justificator: Up keeping of government property, and sanitation risks

Rev
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9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Fresquez</i>
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PART II -- COST ESTIMATE

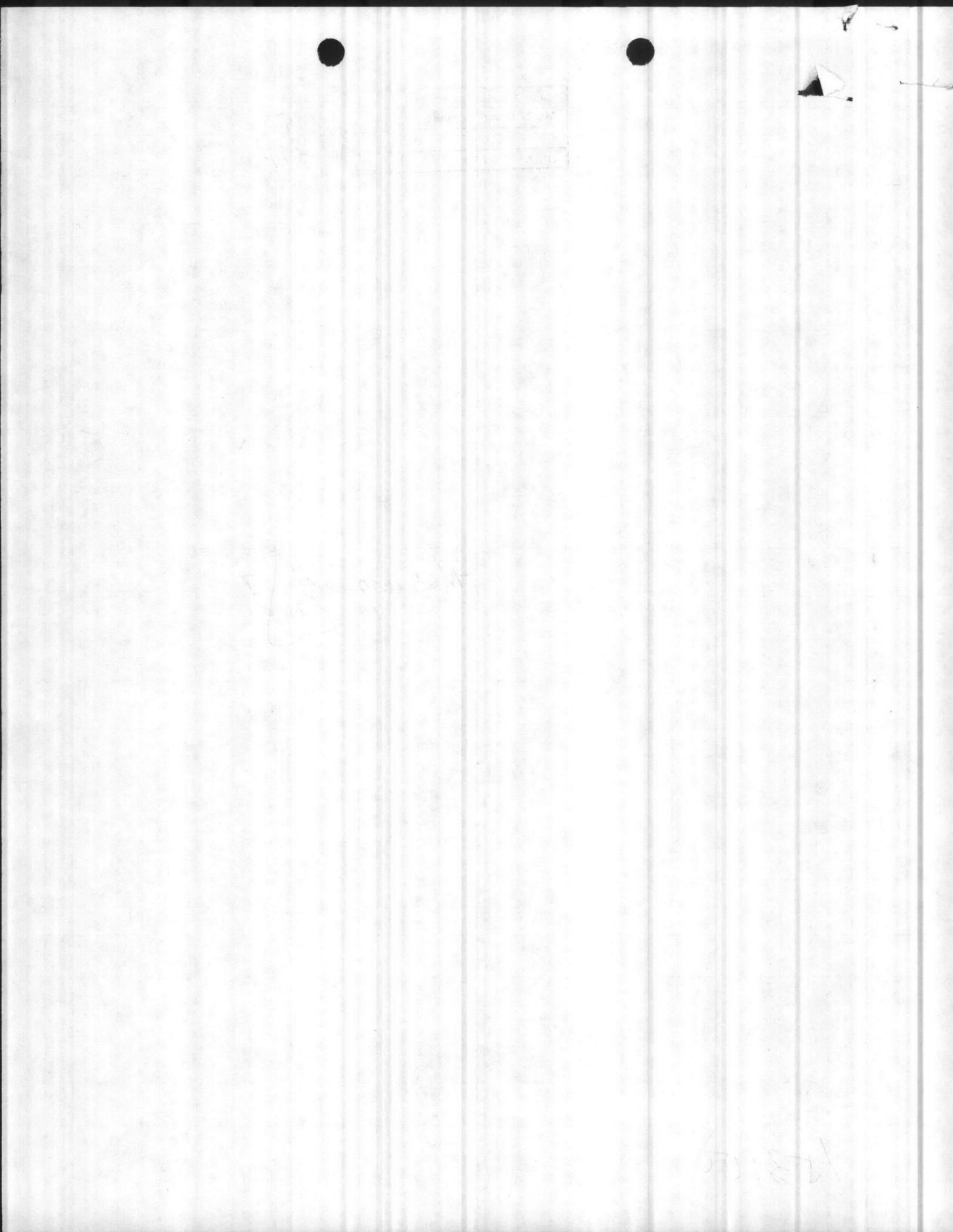
(Filled out by Maintenance Control Division if estimate requested)

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

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"/> WILL BE PERFORMED BY OTHERS	<input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE		

153100



PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	MCB, Camp Lejeune APPROVED <input checked="" type="checkbox"/> / <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> <input type="checkbox"/>	2. REQUEST NO. 5100-02
3. TO Base Facilities Maintenance Officer		4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770		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.)

Location: Mess hall 521 on "O" street.

Problem: Toilet paper dispensers need to be replaced in 3 of the 4 bathrooms.

Justification: Up keeping of government property.

02-149192

020701
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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. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH / PLAN ATTACHED
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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
21. SIGNATURE	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

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5096-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770	7. SKETCH PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Base Food Service Office
MCR, Camp Lejeune
APPROVED
DISAPPROVED

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

Location: Mess hall 521 on "O" street.

Problem: Light frame outside of front office needs to be replaced.

Justification: Up keeping of government property.
And safty hazzard.

020701
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02-149211

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> GySgt
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PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

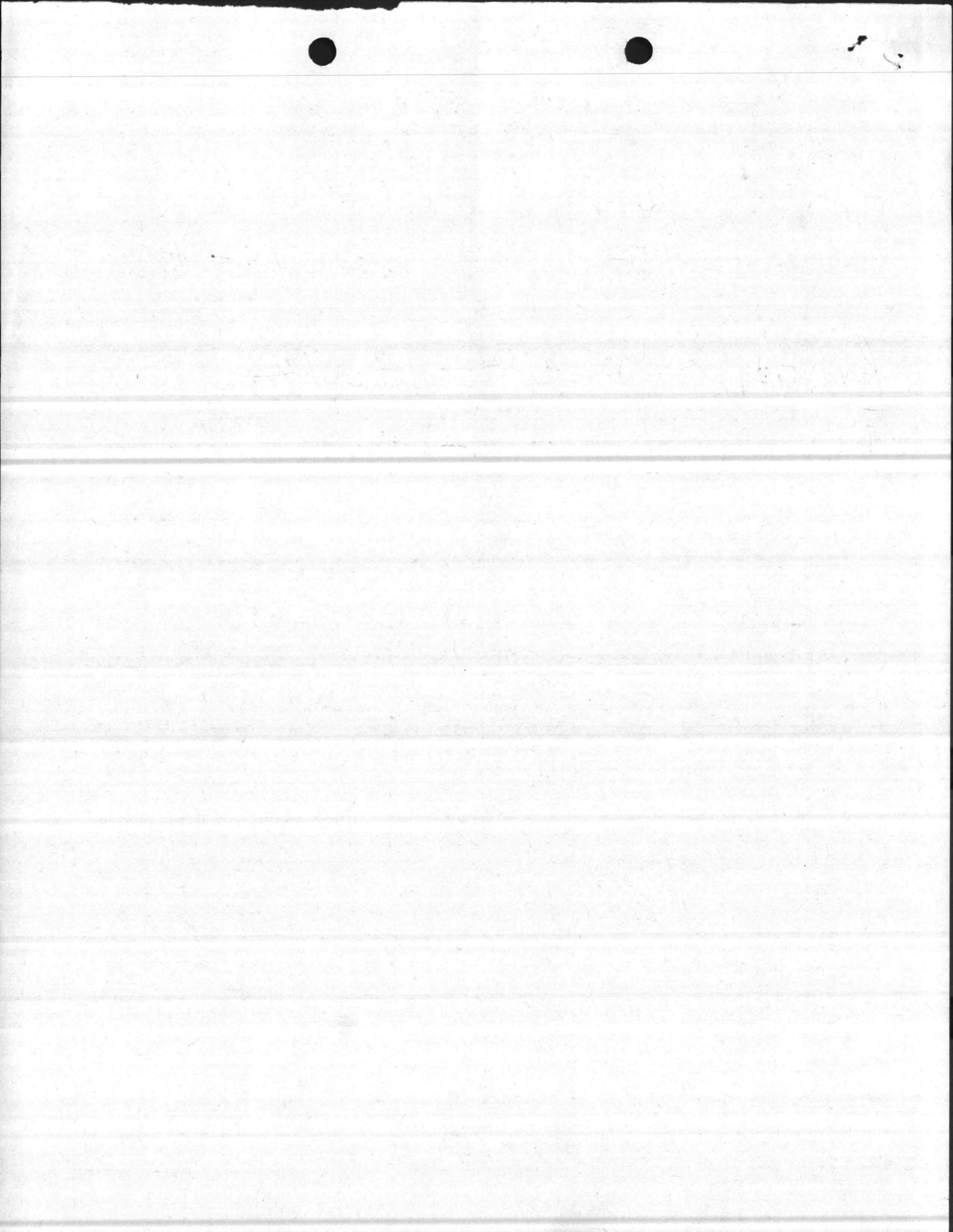
11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH / PLAN ATTACHED
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD,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

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	

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521
 Food Service Office
 MCB, Camp Lejeune
 APPROVED
 Requestor see instructions on Reverse Side

020530
 1400

PART I—REQUEST (Filled out by Requestor)

1. FROM Base Food Service bldg 914 2. REQUEST NO. P-053
5051-02
 3. TO Base Maintenance 4. DATE OF REQUEST 020529
 5. REQUEST FOR COST ESTIMATE PERFORMANCE OF WORK 5a. REQUEST WORK START 020530
 6. FOR FURTHER INFORMATION CALL Sgt Brewer 451 3909 7. SKETCH/PLAN ATTACHED YES NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)
Problem: need to spray for pest theirs a bad pest control problem
location: Mess Hall 521 in the galley used 45 blue bands PCP PCP/PCP
Justification: sanitation purposes.

02-140012

9. FUNDS CHARGEABLE 10. SIGNATURE (Requesting Official)
Adam Brewer

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 YES NO
 a. Labor
 b. Material
 c. Overhead and/or Surcharge
 d. Equipment Rental/Usage
 e. Contingency
 f. Total
 15. APPROVED PROGRAMMING TO START IN _____
 APPROVED PROGRAMMING TO START IN _____
 PROGRAMMING TO START IN _____, IF
 AUTHORIZED BY 25TH OF _____ AND FUNDS
 ARE MADE AVAILABLE.
 DISAPPROVED. (See Reverse Side)
 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)
 NAVCOMPT 140 OTHER
 20. WORK REQUESTED HAS BEEN CANCELLED HAS BEEN DEFERRED WILL BE PERFORMED BY OTHERS
 21. SIGNATURE 22. DATE

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PART I - REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	MCB, Camp Lejeune APPROVED <input checked="" type="checkbox"/> / <input type="checkbox"/> CA DISAPPROVED <input type="checkbox"/> <input type="checkbox"/>	2. REQUEST NO. 5098-02
3. TO Base Facilities Maintenance Officer		4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770		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.)

Location: Mess hall 521 on "O" street.

Problem: Wheel on the grease changer needs to be replaced

Justification: Up keeping of government property.

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Lel

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> GySgt
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	

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Handwritten notes and a signature in the middle section of the page.

WORK REQUEST (MAINTENANCE MANAGEMENT)

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

Base Food Service Office
MCS, Camp Lejeune
DISAPPROVED

PART I-REQUEST (Filled out by Requestor) 13-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5105-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770	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.)

Location: Mess hall 521 on "O" street.

Problem: Ice maker needs to have freon taking out
ser#12840005050,mod#36742

Justificator: Ice maker needs to be LTI for DRMO

53
02-149245
020201

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> GySgt
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE

1954

1954

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	<div style="border: 1px solid black; padding: 2px;"> Base Food Service Office MCB, Camp Lejeune APPROVED DISAPPROVED </div>	2. REQUEST NO. 5102-02
3. TO Base Facilities Maintenance Officer		4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 1-Jul-02	
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770	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.)
 Location: Mess hall 521 on "O" street.
 Problem: light fixture in male head needs to be replaced.
 Justificator: Safty hazzard

41 02-149242

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020701

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> Gy Sgt
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22. DATE
21. SIGNATURE	

RECEIVED
MAY 19 1960
U.S. AIR FORCE
HEADQUARTERS
WASHINGTON, D.C.

68-11-247

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PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5103-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	4a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770	7. SKETCH PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Base Food Service Office
MCB, Camp Lejeune
APPROVED

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)
Location: Mess hall 521 on "O" street.

Problem: Turning handle for copper needs to be replaced.

Justification: Up keeping of government property, and safty hazzard.

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for the

02-149243
601

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> GySgt
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE

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PART I-REQUEST (Filled out by Requestor) 10-053

MCB, Camp Lejeune
APPROVED
DISAPPROVED

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5104-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770	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.)
Location: Mess hall 521 on "O" street.

Problem: Pannel on hot bar on main line side will not stay closed. A bracket needs to be welded back on to door.

Justificatiior: Up keeping of government property.

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9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> GySgt
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	

RECEIVED
COMMUNICATIONS SECTION
MAY 15 1964
U.S. AIR FORCE
CAMP BELL
MONTGOMERY, ALA.

MEMORANDUM

TO :

DATE:

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

PART I-REQUEST (Filled out by Requestor) *β-053*

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. <i>5101-02</i>
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770	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.)
Location: Mess hall 521 on "O" street.

Problem: Main pulper machine in GI house does not work

Justification: Up keeping of government property.

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601 *02-149239*

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature] GySgt</i>
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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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	

DATE	1951
NO.	10
NAME	
ADDRESS	

10

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on
 the date of the above mentioned survey.

The land described in the above mentioned survey is
 situated in the County of ... State of ...

WORK REQUEST (MAINTENANCE MANAGEMENT)

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

Base Food Service Office
M.C.B. Camp Lejeune
DISAPPROVED

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5099-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 28-Jun-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 1-Jul-02
6. FOR FURTHER INFORMATION CALL GySgt Anderson 451-3909/451-3770	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.)

Location: Mess hall 521 on "O" street.

Problem: The door frame of the salad prep area is breaking away from wall.

Justification: Up keeping of government property.

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9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> GySgt
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PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

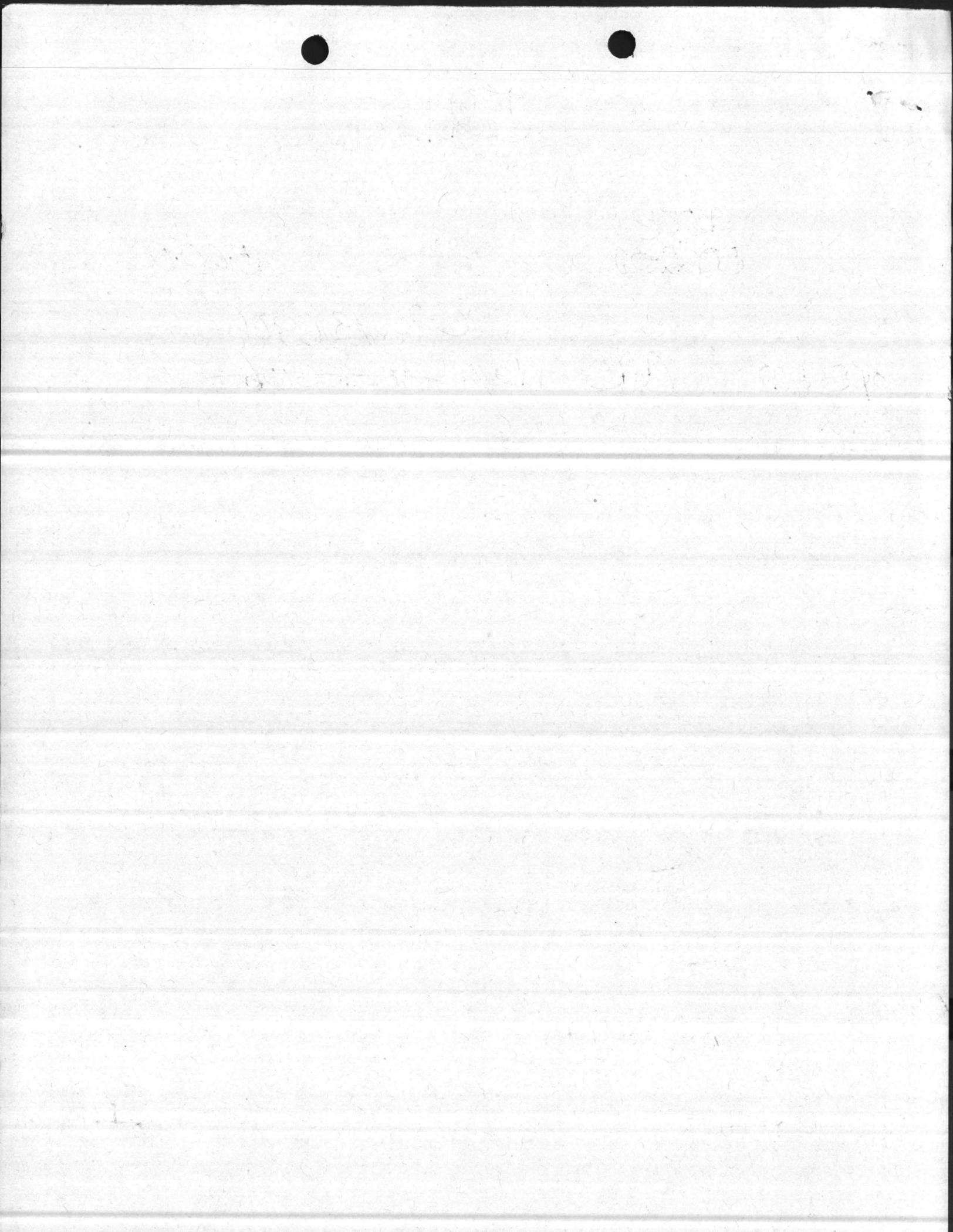
11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH / PLAN ATTACHED
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD,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

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"/> WILL BE PERFORMED BY OTHERS	<input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE		

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8-15-58



LA 02050
(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO 321
10:00

Base Food Service Office
MCM, Camp Lejeune
APPROVED
DISAPPROVED

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 5022-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 17-May-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 17-May-02
6. FOR FURTHER INFORMATION CALL MSgt Fresquez 451-3909/451-3770	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.)
 Location: Mess hall 521 on "O" street.
 Problem: There is vermin and insect infestation in the mess hall. It is requested that that mess hall be closed on 24 May, 2002. The mess hall would be closed on the 96 and would enable us to proceed with operation without interruption.
 Justification: Besides the obvious sanitation problem, it would reduce the harborage of the insects and vermin. Also it would increase the level of morale of the marines and sailors entitled to eat here.

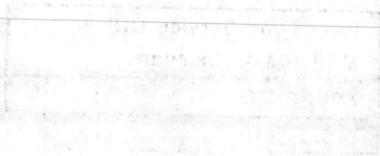
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>Maximo Fresquez</i> MSgt
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PART II -- COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

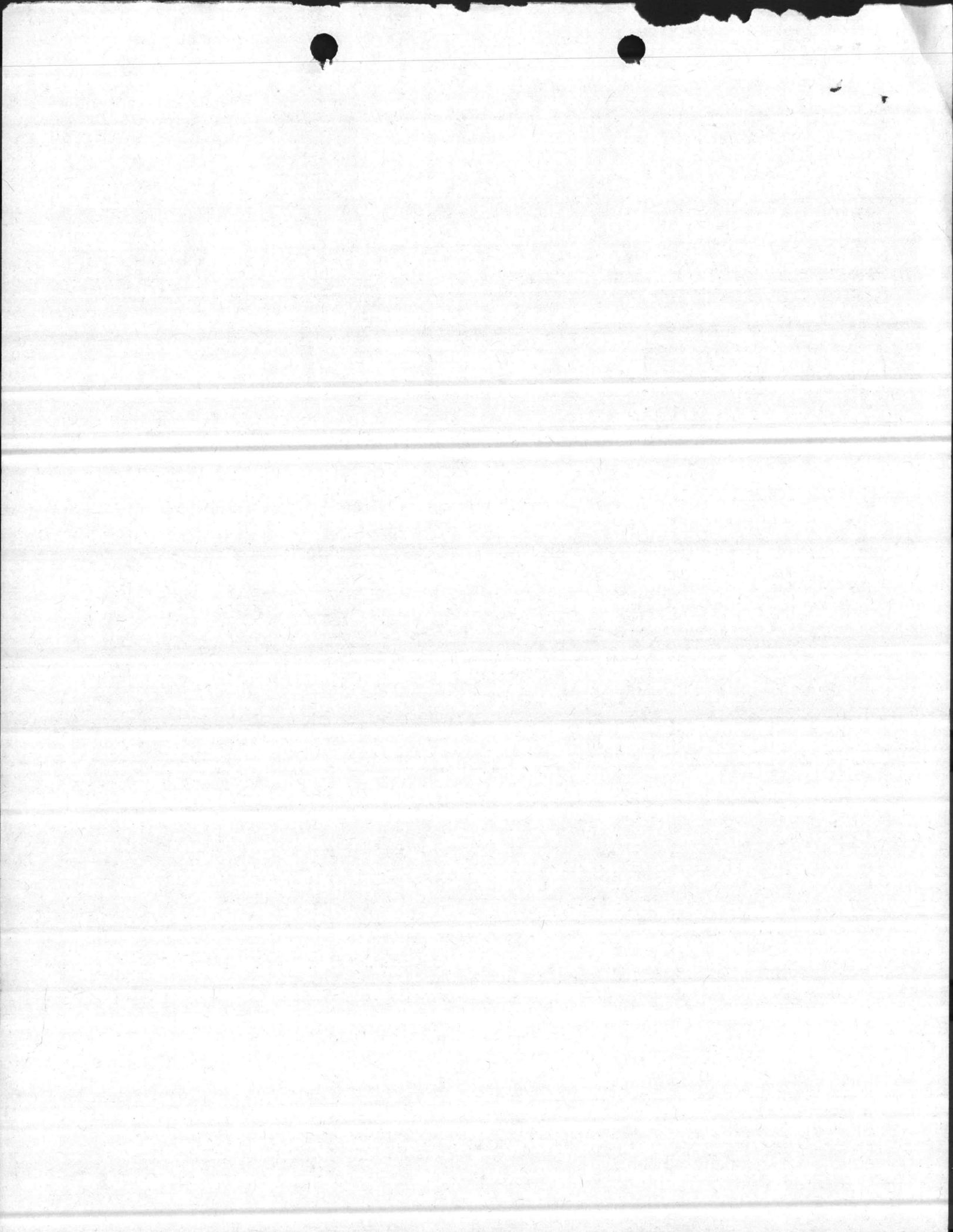
11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH / PLAN ATTACHED
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD,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

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"/> WILL BE PERFORMED BY OTHERS	<input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE <i>02-136904</i>	22. DATE		



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Base Fund Service Office	
MCO Base 101400	
APPROVED	DISAPPROVED

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 4896-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 12-Feb-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 12-Feb-02
6. FOR FURTHER INFORMATION CALL MSgt Fresquez 451-3909/451-3770	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.)

Location: Mess hall 521 on "O" street.

Problem: Due to a new water line being installed the side walk behind the mess hall has been removed.

Justification A side walk is essential for the safety of mess attendants carrying trash to the dumpsters.

RECEIVED
02 FEB 14 PM 10 38
BASE FACILITIES MAINTENANCE
OPERATIONS DIVISION

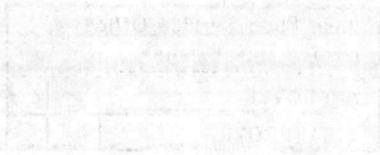
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Fresquez</i>
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PART II -- COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

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

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	



Handwritten signature or mark, possibly 'D. J. ...'

Base Food Service Office
MCS, Camp Lejeune
DISAPPROVED

PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM
Mess hall Manager Mess hall 521

2. REQUEST NO.
5121-02

3. TO
Base Facilities Maintenance Officer

4. DATE OF REQUEST
18-Jul-02

5. REQUEST FOR
 COST ESTIMATE PERFORMANCE OF WORK

5a. REQUEST WORK START
21-Jul-02

6. FOR FURTHER INFORMATION CALL
Msgt Fresquez 451-3909

7. SKETCH PLAN ATTACHED
 YES NO

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

Location: Mess hall 521 on "O" street.

Problem: The electrical components need to be taking out of proofing cabinet, for a LTI for DRMO

02-156114

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Justification: Equipment is not operable, needs to be replaced.

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
Maximo A. Fresquez

2002 JUL 19 10:03

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	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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

10-10-03

WORK REQUEST (MAINTENANCE MANAGEMENT)

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_ 321)

Base Fund Service Office	
APPROVED	DISAPPROVED

PART I-REQUEST (Filled out by Requestor) B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. 4896-02
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 12-Feb-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 12-Feb-02
6. FOR FURTHER INFORMATION CALL MSgt Fresquez 451-3909/451-3770	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.)
Location: Mess hall 521 on "O" street.

Problem: Due to a new water line being installed the side walk behind the mess hall has been removed.

Justification A side walk is essential for the safety of mess attendants carrying trash to the dumpsters.

RECEIVED
02 FEB 04 PM 10 33
BASE FACILITIES MAINTENANCE
OPERATIONS DIVISION

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Fresquez</i>
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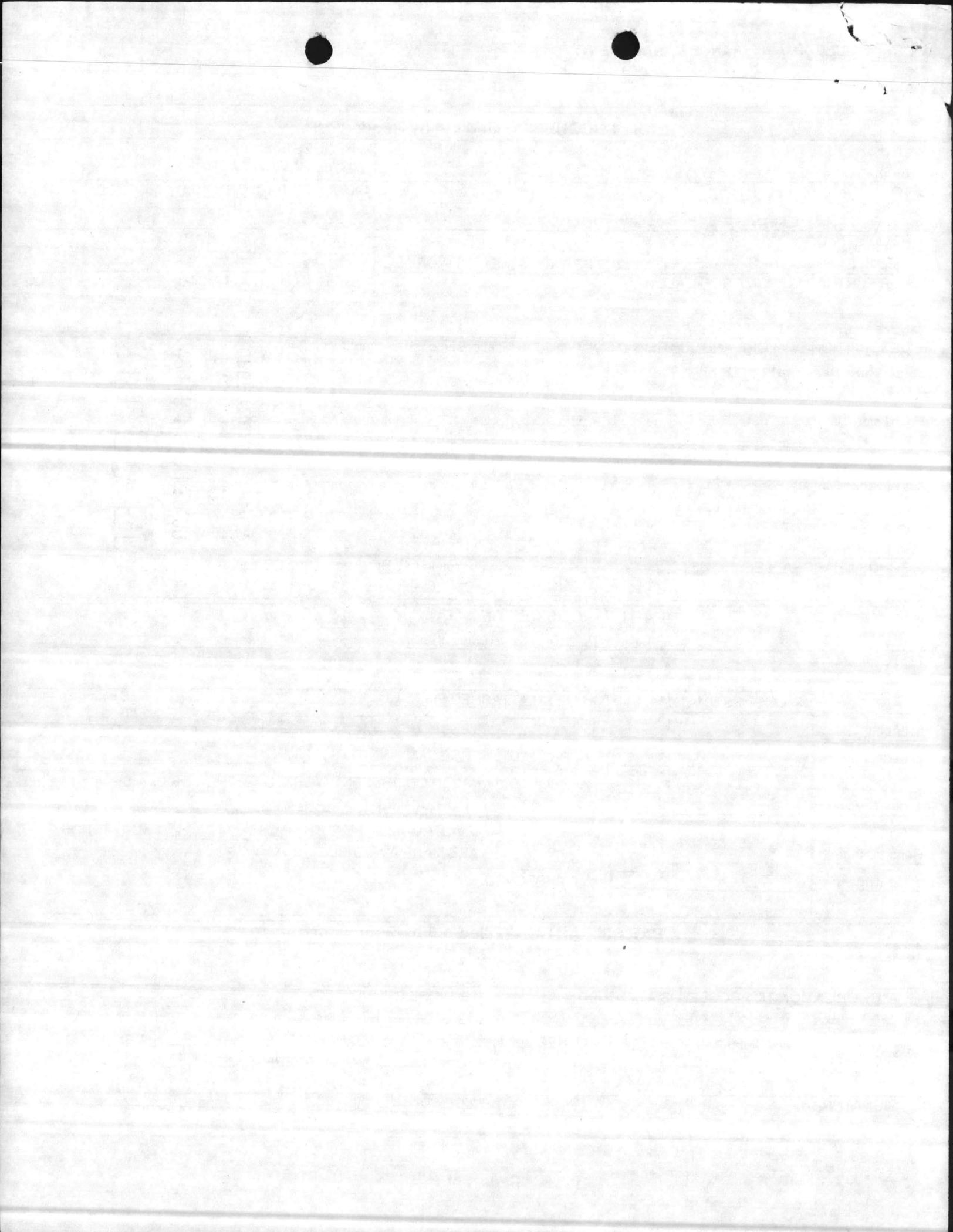
PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

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

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"/> WILL BE PERFORMED BY OTHERS <input type="checkbox"/> HAS BEEN DEFERRED
21. SIGNATURE	22. DATE	



WORK REQUEST (MAINTENANCE MANAGEMENT)

Base Food Service Office
MCB, Camp Lejeune
APPROVED *KCA*

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_321)

020521
1100 CA

PART I-REQUEST (Filled out by Requestor)

B-053

1. FROM Mess hall Manager Mess hall 521	2. REQUEST NO. <i>5043-02</i>
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 21-May-02
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 21-May-02
6. FOR FURTHER INFORMATION CALL MSgt Fresquez 451-3909/451-3770	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.)

Location: Mess hall 521 on "O" street.

Problem: DRMO requires that the freon in the ice machine be drained in order for turn in.

53

Justification :The old ice machine is in inoperable and not cost effective to repair so must be replaced

02-137445

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>M. Fresquez</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
a. Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	<input type="checkbox"/> IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

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

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Handwritten text in the middle of the page, possibly a name or title.

Handwritten signature or name in the center of the page.

TAB PLACEMENT HERE

DESCRIPTION:

Contract Data



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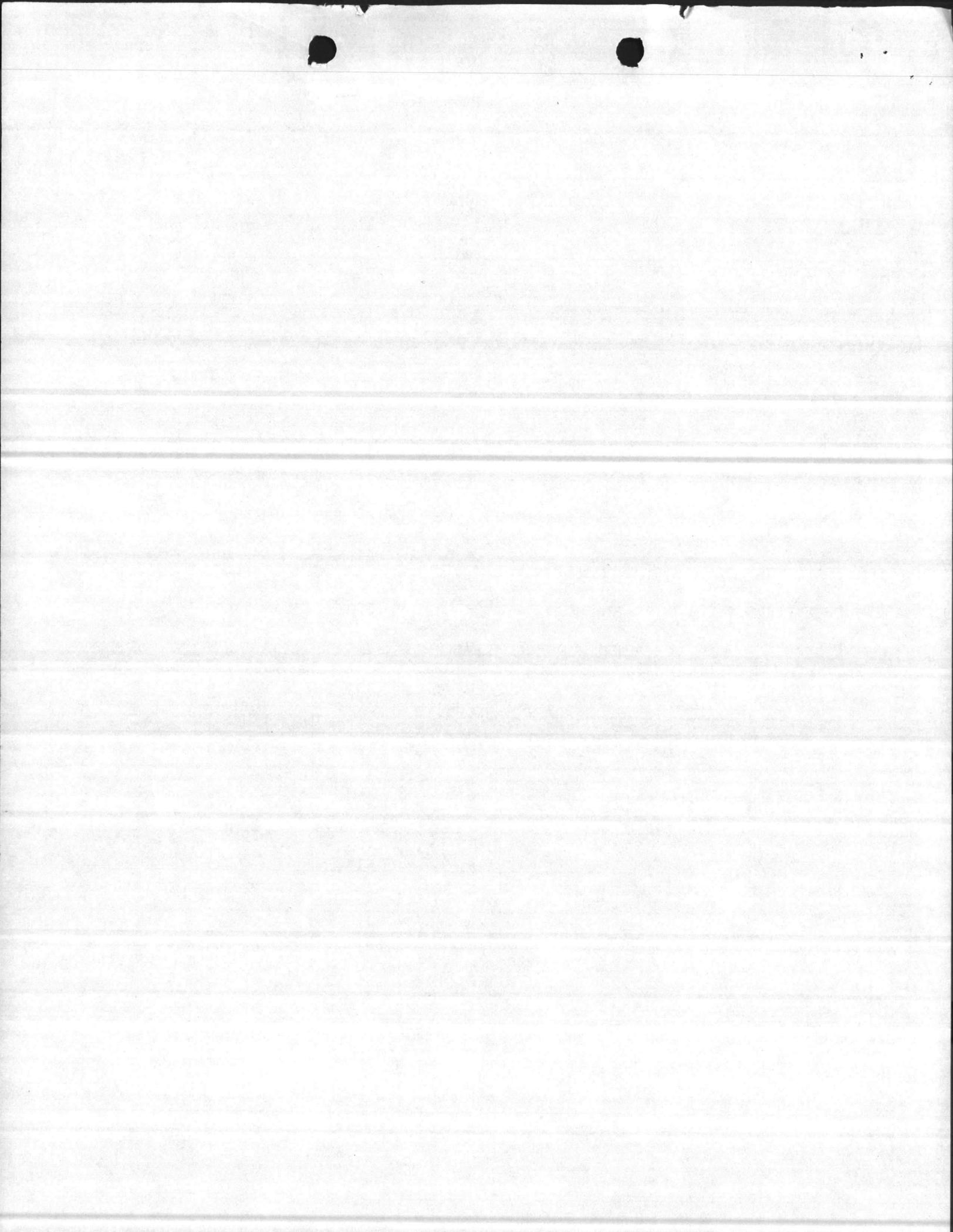
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J.O. Pending

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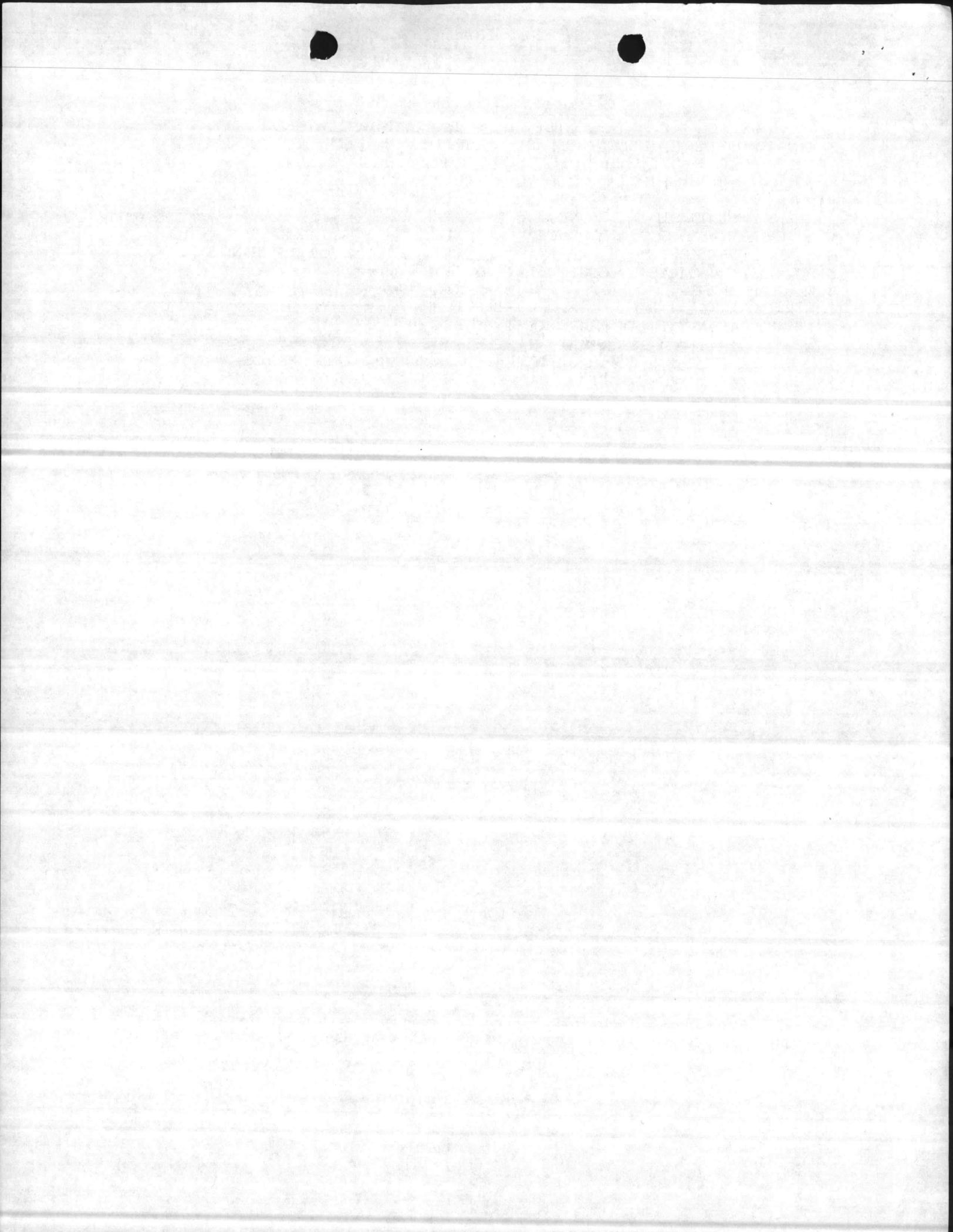
(P)=PREVIOUS PAGE (A)=ADD DETAIL (S)=INQUIRE STOCK CATALOG
(M)=MODIFY HEADER (D)=DELETE BOM (B)=MODIFY ITEM (X)=DELETE ITEM (L)=EXIT
*** FEJE - DETAILED ESTIMATES *** DISPLAY PHASE 460
*** JOB PHASE CALCULATION WORKSHEET ***

JOB NO: 521 P&E: JDY
BUILDING/FACILITY: 521 ZONE: 4 CREW SIZE: 2
WORK CENTER: 41CG COMPANY CONCEPT CARPENTER LABOR RATE: A
HAZARDOUS WORKING CONDITIONS: NO CREW RETURNS FOR LUNCH: NO
LABOR COST: MATERIAL COST: 709 EQUIPMENT COST:
DEPRECIATION COST: TOTAL COST: 709
CONTRACTED(YES/NO): NO IFS PHASE NO. 1
CRAFT PHASE NO: 1 JOB PHASE NO: 1 NUMBER OF TASKS: 1

*** PHASE DESCRIPTION ***

MISC STRUCTURAL, ELECTRICAL, MECHANICAL, & PLUMBING REPAIRS TO
ALL ROOMS AND PUBLIC AREAS.

②



① *** FEJE - STOCK/CATALOG MAINTENANCE SYSTEM *** MODIFY ITEM

MCN-NSN: 1000-PA-RTI-LOCK0

SHORT DESCRIPTION: PARTITION, LOCK, M-236

LONG DESCRIPTION: PARTITION LOCK FOR M-236, COMMUNITY HEAD

S/S IMSCO, 1-800-476-2212

PART #S LATCH KNOB MALE, 77010406

PART #S LATCH KNOB FEMALE, 77010403

PART # SLIDE PIN, 77010405, PAGE 5-11, VOL 102

KEVIN ORDER ALL THREE OF THESE ITEMS, ALSO PLEASE

GIVE ME A CORRECT PRICE WHEN YOU ORDER, THANK YOU, JOHN

. UNIT OF ISSUE: EA SOURCE OF SUPPLY: IMS UNIT COST: 18.80

② (MCN-NSN: 4510-01-C00-06710

SHORT DESCRIPTION: HOLDER, TOILET TISSUE

LONG DESCRIPTION: HOLDER, TOILET TISSUE, CHROME, P/N 632 SEACHROME.

UNIT OF ISSUE: PR SOURCE OF SUPPLY: LOC UNIT COST: 4.90

③ (MCN-NSN: 4510-P1-050-51000

SHORT DESCRIPTION: SHOWER HEAD, PAL, HP-51, NEW T

LONG DESCRIPTION: SHOWER HEAD, NEW TYPE FOR HP-51, WITH RUBBER INSERT HEADS

S/S PALMETTO, 1-800-830-0426

PART # P105-051 *** UNIT COST \$12.21

④ MCN-NSN: 5340-00-000-52100

SHORT DESCRIPTION: HINGE, PARTITION DR.,521

LONG DESCRIPTION: HINGE FOR PARTITION DOOR,

S/S ISMCO, 1-800-476-2212

PART #91-28, PAGE 158, 1997 UNIT COST \$14.85

⑤ MCN-NSN: 5640-ME-SSH-ALL00

SHORT DESCRIPTION: TILE, CEILING FOR MESS HALLS

LONG DESCRIPTION: TILE, CEILING 2 X4 FOR MESS HALLS WITH EDGE FOR DROP IN

HOLDS UP BETTER THAN REGULAR TILE IN WAREHOUSE

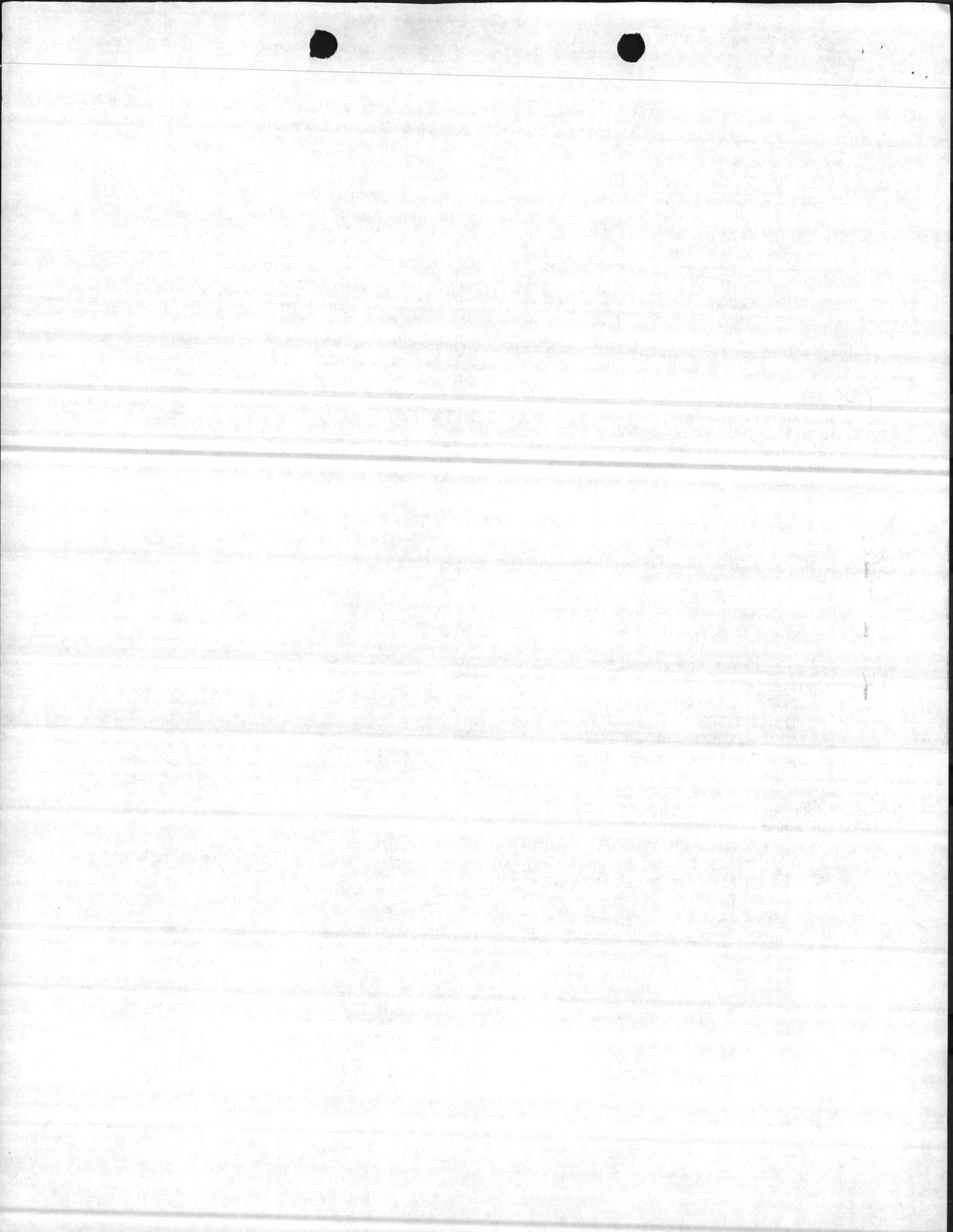
S/S JACKSONVILL BUILDERS, 455-3961

ASCUE LUMBER ALSO CARRIES THIS

PART # 550 SAVILL ROW, (ASPEN 650), USG TILE

UNIT OF ISSUE: BX SOURCE OF SUPPLY: JKS UNIT COST: 46.80

⑥



6

(MCN-NSN: 5975-00-494-06530
SHORT DESCRIPTION: PLATE, WALL, 2 GANG
LONG DESCRIPTION: PLATE, WALL, ELEC, 2 GANG, SNAP-TUMBLER TYPE, FLUSH
BROWN PLASTIC.

UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC UNIT COST: .48

7

(MCN-NSN: 5975-00-682-05590
SHORT DESCRIPTION: PLATE, WALL, ELEC, 1 GANG STAIN
LONG DESCRIPTION: PLATE, WALL, ELEC, 1 GANG, OUTLET TYPE, STAINLESS
STEEL, SATIN FINISH, P/N 97101 (BRYANT)

UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC UNIT COST: .59

8

(MCN-NSN: 5975-00-682-05610
SHORT DESCRIPTION: PLATE, WALL, ELEC, 1 GANG
LONG DESCRIPTION: PLATE, WALL, ELECTRIC, 1 GNGMTGGL SWITCH TYP, STNLSS
STL, SATIN FINISH.

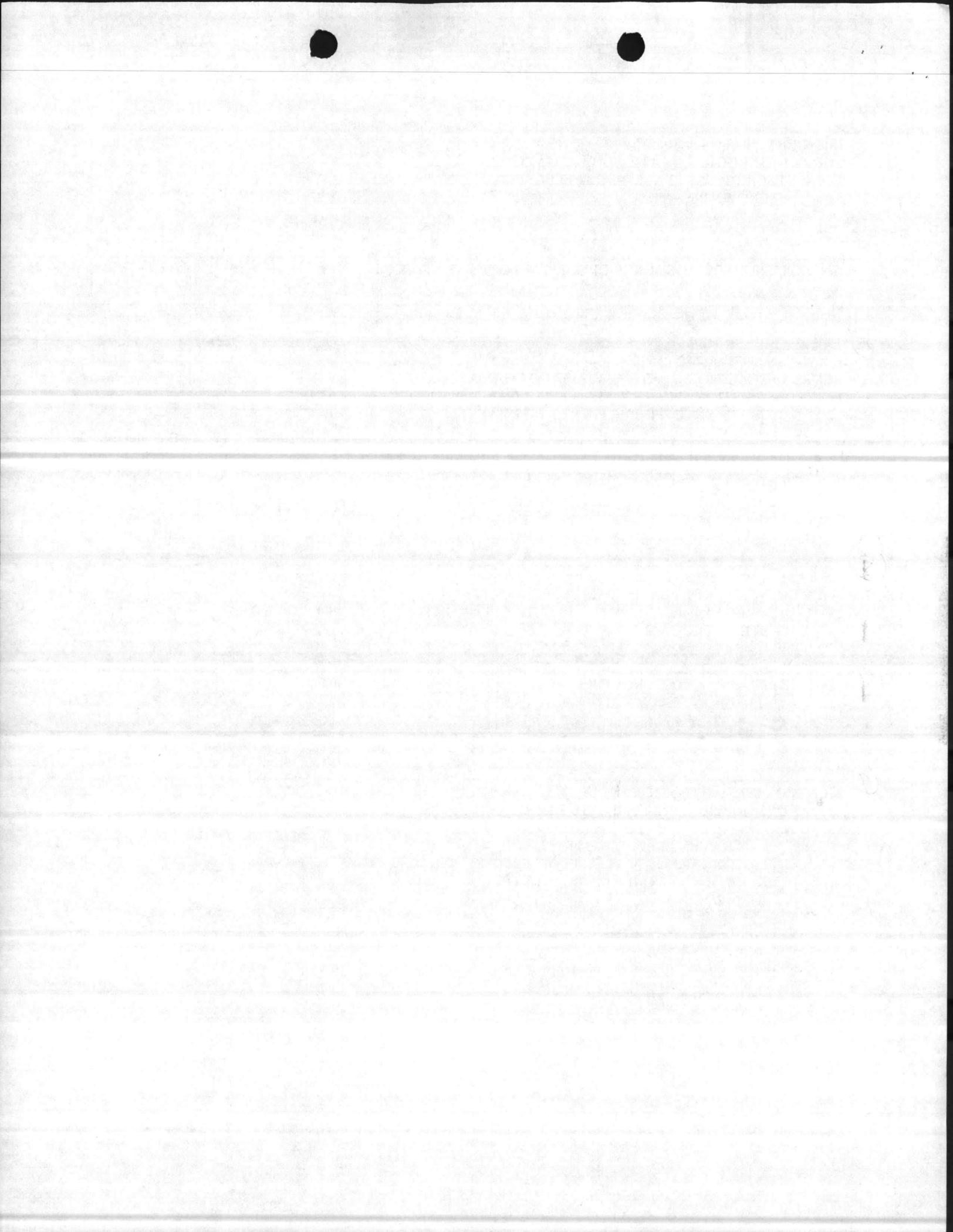
UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC UNIT COST: .92

9

MCN-NSN: 6210-00-000-52100
SHORT DESCRIPTION: LENS, MESS HALL 521
LONG DESCRIPTION: LENS, MESS HALL 521
S/S CRAVEN ELECTRIC, 353-4643
PART # UNKNOWN AT TIME OF WRITING
KEVIN PLEASE CALL ME ON THIS ONE,
JOHN 2/26/01

UNIT OF ISSUE: EA SOURCE OF SUPPLY: CRV UNIT COST: 38.50

10



10

(MCN-NSN: 6210-00-TLM-NP240
SHORT DESCRIPTION: LENS, 4FT VAP. TLM-WP240
LONG DESCRIPTION: LENS, 4FT. FLUOR, VAPOR PROOF
CRAVEN PART # TLM-WP240
ORDERED FOR G-542,HP-295
S/S CRAVEN ELECTRIC, PH# 353-4643
ALSO ORDERED FOR AS-4030
USED IN LAUNDRY ROOM HP-445
KEVIN PLEASE ORDER PLASTIC HOLDER CLIPS THAT FIT THIS
LENS.

UNIT OF ISSUE: EA SOURCE OF SUPPLY: CRA UNIT COST: 50.20

11

(MCN-NSN: 6240-01-004-31070
SHORT DESCRIPTION: LAMP, 4', FLOUR, 35W
LONG DESCRIPTION: LAMP, FLOUR, MED BIPIN, T-12 BULB, COOL WHITE 35W,
T-BULB STYLE, 48" LONG. 30 PER BOX.

UNIT OF ISSUE: BX SOURCE OF SUPPLY: LOC UNIT COST: 34.20

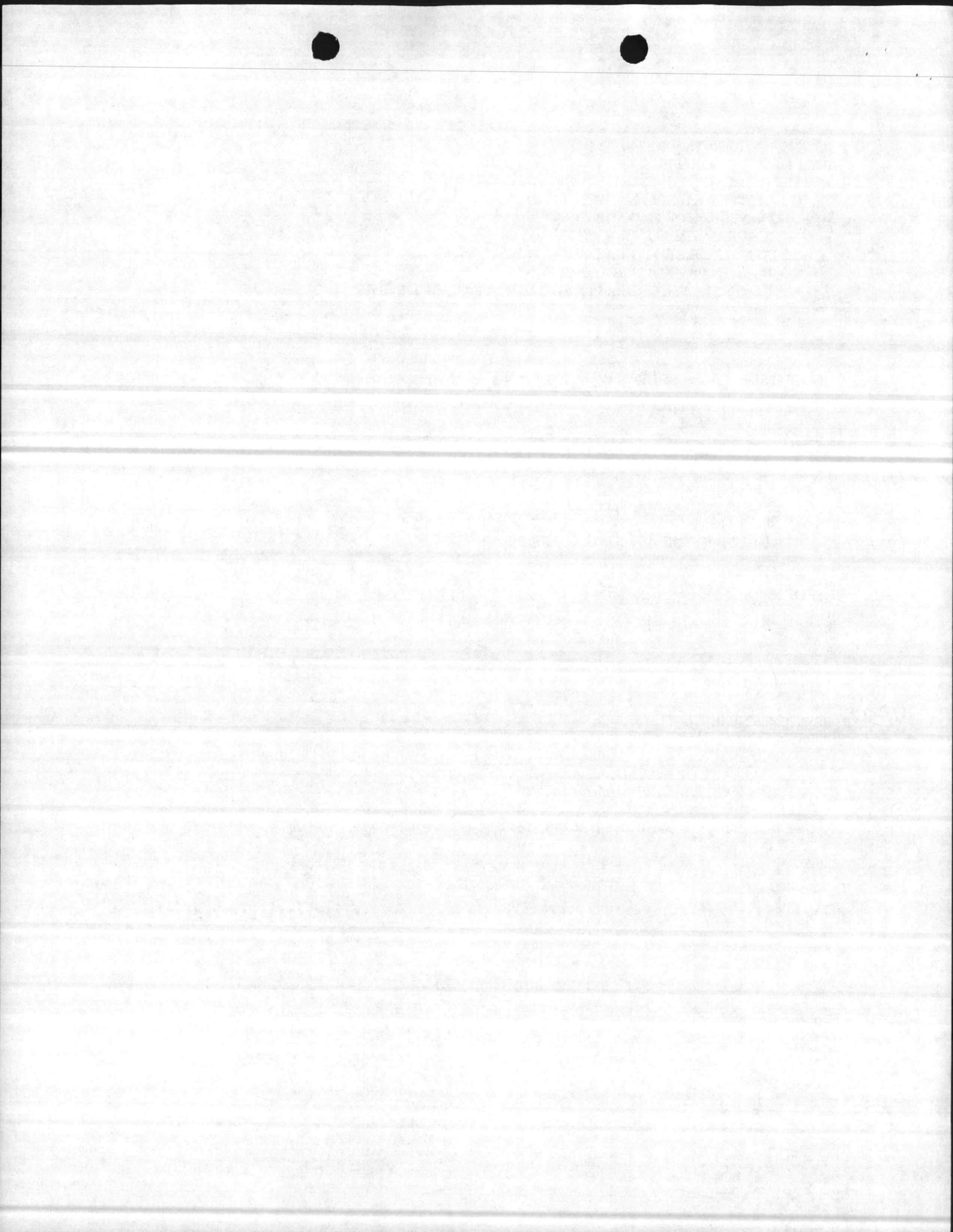
12

(MCN-NSN: 6240-01-077-11270
SHORT DESCRIPTION: LAMP, FLUOR, 8', SGL PIN
LONG DESCRIPTION: LAMP, FLUOR, 60W, SINGLE PIN BASE, T-12 BULB, COOL WHITE,
BALLAST OPERATED, 96" L, INSTANT START.
P/N F96T12/LW/EW/W (GE)

UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC UNIT COST: 1.96

.....

13



WORK REQUEST NUMBER: 521
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

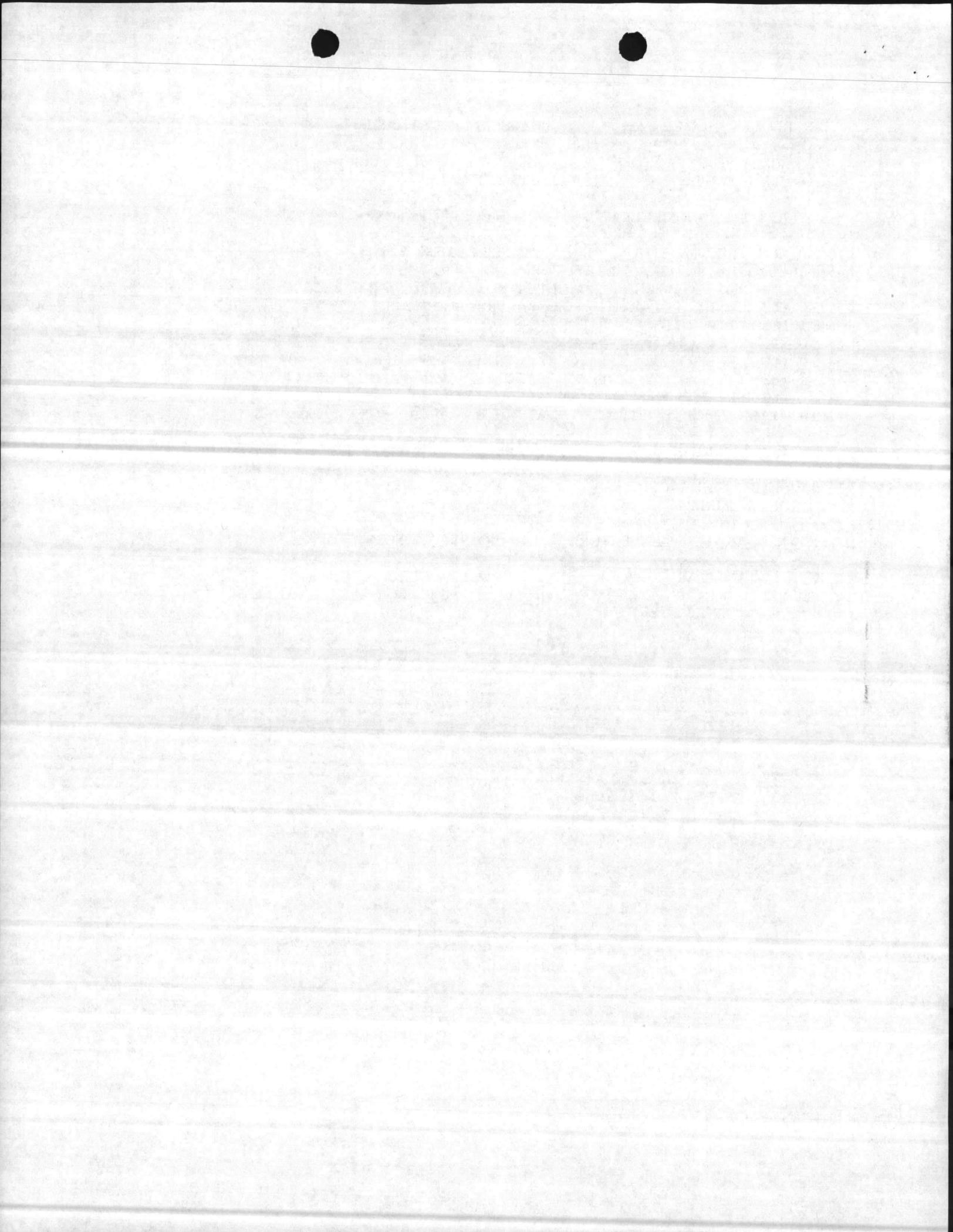
PHASE: 1 IFS PHASE: 1
DATE CREATED: 1/02/26
DELIVERY DATE: 1/04/12
DELIVER MATERIALS TO:

MCN-NSN	NOMENCLATURE	UI	U/COST	QTY	SOS	TOTAL
1000-PA-RTI-LOCK0	PARTITION, LOCK, M-236	EA	18.80	2	IMS	37.60
4510-01-C00-06710	HOLDER, TOILET TISSUE	PR	4.90	3	LOC	14.70
4510-P1-050-51000	SHOWER HEAD, PAL, HP-51, NE	EA	12.03	2	PAL	24.06
5340-00-000-52100	HINGE, PARTITION DR.,521	PR	14.85	2	ISM	29.70
5640-ME-SSH-ALL00	TILE, CEILING FOR MESS HALL	BX	46.80	2	JKS	93.60
5975-00-494-06530	PLATE, WALL, 2 GANG	EA	.48	5	LOC	2.40
5975-00-682-05590	PLATE, WALL, ELEC,1 GANG ST	EA	.59	10	LOC	5.90
5975-00-682-05610	PLATE, WALL, ELEC, 1 GANG	EA	.92	12	LOC	11.04
6210-00-000-52100	LENS, MESS HALL 521	EA	38.50	6	CRV	231.00
6210-00-TLM-NP240	LENS, 4FT VAP. TLM-WP240	EA	50.20	4	CRA	200.80

(WORK REQUEST NUMBER: 521
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE: 1 IFS PHASE: 1
DATE CREATED: 1/02/26
DELIVERY DATE: 1/04/12
DELIVER MATERIALS TO:

MCN-NSN	NOMENCLATURE	UI	U/COST	QTY	SOS	TOTAL
6240-01-004-31070	LAMP, 4', FLOUR, 35W	BX	34.20	1	LOC	34.20
6240-01-077-11270	LAMP, FLUOR, 8', SGL PIN	EA	1.96	12	LOC	23.52



DISCREPANCIES LIST FOR MESS HALL 521

GI SHACK

1. NO DISCREPANCIES

STORE ROOM

HEAD, MEN'S

1. REPLACE 4 FT OVERHEAD LENS.
2. REPLACE 2 EACH SHOWER HEADS
3. REPAIR ONE EACH SHOWER VALVE, SHUT OFF SPINS PAST STOP AT TIME OR WRITING PART # UNKNOWN. TAKE SHOWER VALVE APART TO IDENTIFY PART #

HEAD, WOMEN'S

1. REPLACE SWITCH COVER PLATE.
2. REPLACE ONE EACH SHOWER HEAD.
3. REPLACE HINGE ON TOILET PARTITION.

PASSAGEWAY

SUPPLY CLOSET

SUBSISTENCE OFFICE

1. REPLACE DAMAGED RECEPTACLE COVER

MAIN PROPERTY ROOM

SALAD ROOM

NO DISCREPANCIES

POT SHACK

1. REPLACE 4 FT LENS

GALLEY

1. REPAIR DRIPPING FAUCET ON DOUBLE SINK BY WINDOW ON EAST SIDE OF BUILDING.
2. REPAIR SHUT OFF VALVE ON HOPPER LOCATED MOST INBOARD. VALVE WILL NOT SHUT OFF WATER.

SCULLERY

SPECIALTY BAR

MAIN LINE

MESS DECK

1. REPLACE DISCOLORED 2 X 2 CEILING TILE AT CEILING FAN. CEILING FAN WILL HAVE TO BE REMOVED. QUANTITY 2 EACH. (NOTE: IF THIS CONSUMES MORE THAN ONE HOUR PER FAN DO NOT REPLACE. ALSO ONE LOCATED OVER DESSERT BAR.
2. REPLACE MISSING SQUARE GRID LENS COVER WITH SUPPLIED 3/16 FLAT LENS MATERIAL AND LATCHES.

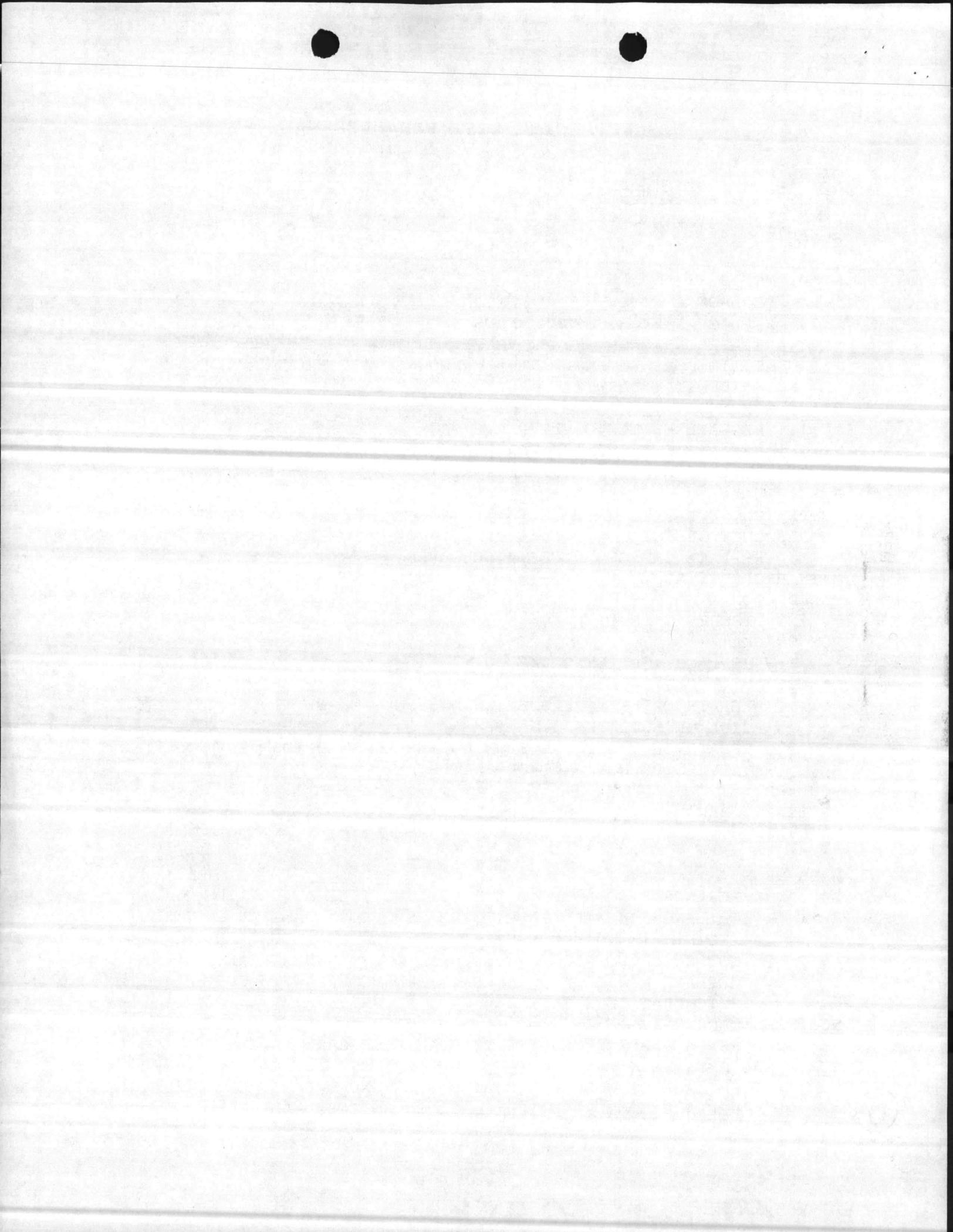
NCO MESS DECK

1. REPLACE 2 X 2 CEILING TILE AS NECESSARY (8 SHTS)

STAFF NCO MESS DECK

1. REPLACE DISCOLORED CEILING TILE UNDER FAN. (ONE EACH)
2. REPLACE DOUBLE SWITCH PLATE ON SWITCH LEADING TO

U



WOMEN'S HEAD PUBLIC

1. SECURE SINK

MEN'S HEAD PUBLIC

1. RE-CAULK SINK.
2. REPLACE TOILET PAPER HOLDER
3. REPLACE DOOR LOCK ON PARTITION DOOR.

FAST FOOD

1. RE-LAMP 4FT FLUORESC.FIXTURES WITH SUPPLIED LONG LIFE LAMPS, 6 FIXTURES EQUAL 12 LAMPS

MESS DECK ON OFFICE SIDE OF BUILDING

1. RE-LAMP 18 4FT FIXTURES WITH SUPPLIED LONG LIFE LAMPS EQUALS 36 LAMPS.
2. RE-LAMP 7 8FT FLUORESCENT FIXTURES EQUALS 14 8FT LAMPS. LOCATED IN OVERHEAD ON CEILING.MOUNTED SQUARE DECORATIVE ADDITION TO CEILING.

CIVILIAN OFFICE

1. NO DISCREPANCIES.

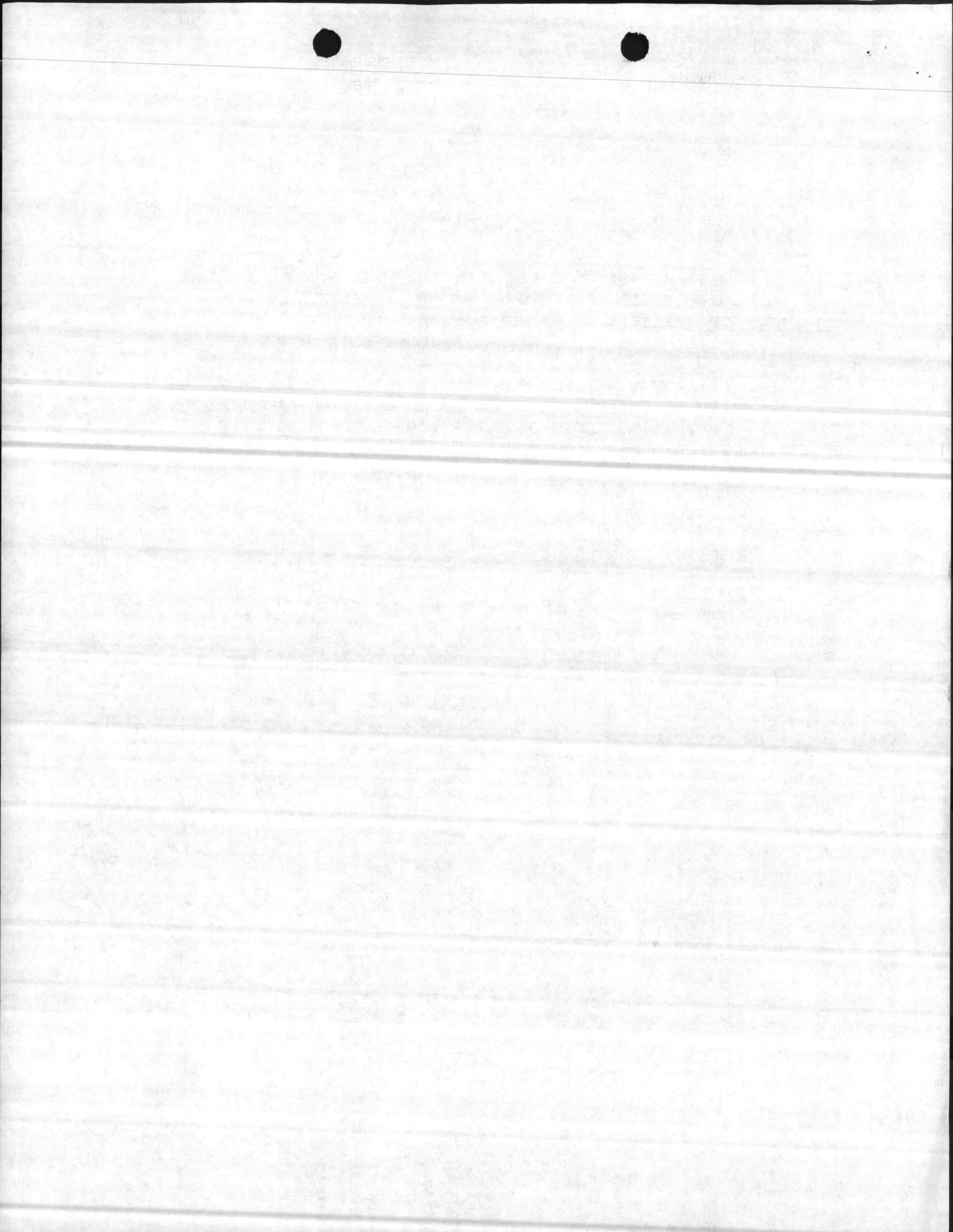
MANAGER OFFICE

1. NO DISCREPANCIES

OFFICE

1. NO DISCREPANCIES.

9



CSI	Description for Mess Hall 521	Takeoff Quantity	Unit
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01 General Requirements			
01520500	WORK TRAILER, SET UP		each
01832350	Drain, unclog sink		each
01832350	TIME ALLOWED FOR SECURING TOOLS DAILY	3.0	DAYS
01832350	TIME ALLOWED FOR CLEANUP PER ROOM	12.0	ROOM
01832350	ESTIMATED TIME FOR REPAIRS ON BLDG WITH NO INSPECTION	18.0	ROOM
01832350	TIME ALLOWED FOR DOCUMENTING REQUIRED REPAIRS IN ROOM	12.0	UNITS
Items Total		General Requirements Total	

06 Wood & Plastics			
06110530	Framing joists, 2x8, mout/bolt concrete, sec dryers		each
Items Total		Wood & Plastics Total	

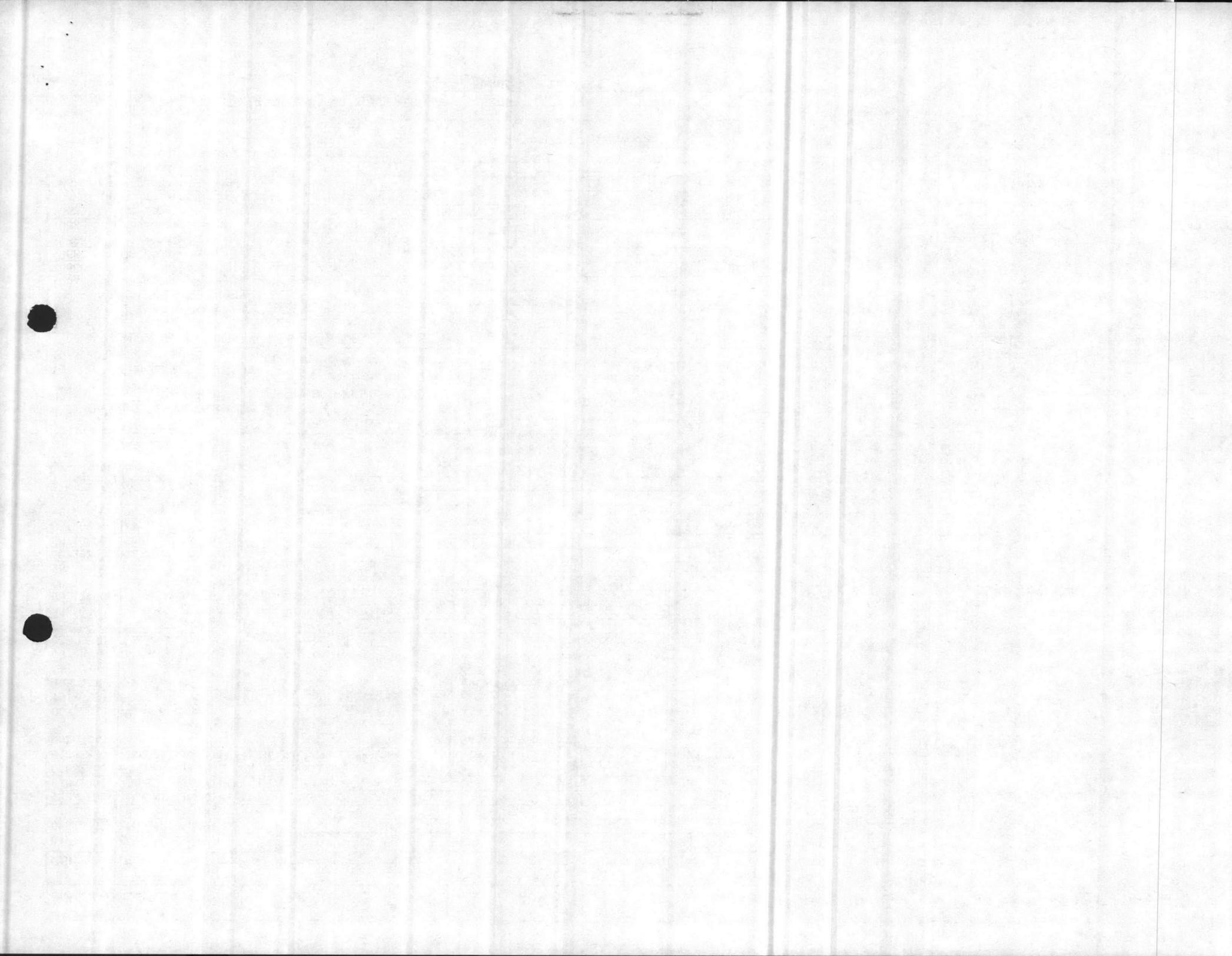
08 Doors & Windows			
08710340	Doorstops, holder & bumper, floor or wall		each
08710340	Doorstops, kick down pad, replace		each
08710400	Entrance locks cylinder, grip handle, deadlocking latch		each
08710400	Passageway door, lock set, repair		each
08720800	Threshold, install new		each
08720800	Threshold, secure, existing unit		each
08720800	Wall locker, repair		each
08720800	Window, lock replace		each
08720800	Drip cap, secure		each
08720800	Window, spray frosted tint to secure vision.		each
08720800	Cover, drain, install on drain		each
08720800	Tile, floor tile replace		each
Items Total		Doors & Windows Total	

09 Finishes			
09510700	Susp acct clg bds, no spnsn sys, fbgl, film fcd, 2'x2' or 2'x4', 5/8" T	12.0	each
09510700	Tile, ceiling, remove ceiling fan & replace ceiling tile	4.0	each
Items Total		Finishes Total	

10 Specialties			
10430200	signs, room, instal		each
10430200	signs, toilet/sink etc., number identification		each
10430200	signs, build.numb., instal		each
10820100	Bathroom accessories, mirror 30 x 30		each
10820100	Mirror, bathroom, 18 x 24.		each
10820100	Bathroom accessories, toilet seat, rem.old & replace		each
10820100	Bathroom accessories, toilet paper holder	1.0	each
10820100	Bathroom accessories, toilet paper roller.		each
10820100	Bathroom accessories, towel bar, stainless steel, 18" long		each
10820100	Bathroom accessories, towel hook, secure		each
10820100	Bathroom accessories, coat hook, install		each
10820100	Bathroom accessories, towel bar, stainless steel, 30" long		each
10820100	Bathroom accessories, toilet partition, secure	2.0	each
10820100	Bathroom accessories, towel bar install, 24"		each
10820100	Bathroom accessories, tumbler holder, soap, tumbler & toothbrush		each
Items Total		Specialties Total	

12 Furnishings			
12493200	Drapery hardware, tray & curtain rod, adjustable, 30" to 48"		each
Items Total		Furnishings Total	

9



CSI	Description for Mess Hall 521	Takeoff Quantity	Unit
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15 Mechanical

15410300	Faucet, hot & cold water identificatin buttons, replace		each
15410300	Faucet, aerator, replace/clean		each
15410300	Faucet, supply lines, replace		each
15410300	P-Trap, 1 1/4"/1 1/2" replace		each
15410300	Faucets/ftg,lav faucet,shelfback,4" to 6" ctr,for shampoo faucet,add		each
15410300	Faucets,stem,repair	2.0	each
15410300	Faucet, secure		each
15418450	Lavatories, W/trim, vanity top, cultured marb, 37" x 22", sgl bowl		each
15418500	Shower head, replace	3.0	each
15418500	Eschutcheon, shower valve, secure		each
15418500	Shower head, remove institutional style, install pipe & new shower head		each
15418500	eschutcheon, at shower head, replace		each
15418500	Showers, mixing valve, built-in		each
15830100	Fan ,exhaust, repair, rattle noise		each
15850500	Grilles, aluminum, air supply, single deflection, adj, 24" x 8"		each
15850500	Panel, AC access, secure		each

anical Total

Mechanical Total

16 Electrical

16139700	Detector, smoke, secure		each
16139700	Detector, smoke, interior room, replace		each
16139700	Detector, smoke, replace battery		each
16140910	Switch, single pole,/light		each
16140910	Switch, push button,flur light		each
16140910	Switch, double/light		each
16140910	Recepticle, replace		each
16140910	GFI, replace		each
16140910	Cover, recepticle/GFI, replace	4.0	each
16510440	Fixture, interior, 3ft flur, replace		each
16510440	Fixture, interior, 2 ft flur, replace		each
16510440	Fixture, exterior, harris light, remov.exis&instal new.		each
16510440	Lens, flur, replace	2.0	each
16510440	Lens, cover, harris light, head/replace		each
16510440	Ballast, replace/ interior fluorescent fixture		each
16530320	Exit light, repair		each
16530320	Exit light clg or wall mount, L.E.D. battery unit, single face		each
16530320	Emergency light, repair		each
16530320	Fan, exhaust/room, replace		each
16530320	Emer It units,btry operated,twin sealed bm lt,25 W,6 V ea,lead btry		each
16585600	Lamps, "U" tubes, lounge		each
16585600	Lamps, interior night light		each
16585600	Lamps, flur, exterior, security, 7watt		each
16585600	Lamps, 7 watt for harris fixture head/exterior security		each
16585600	Lamps, flur,int.room, repl		each
16585600	Lamps, 4 & 8' located on 10ft+ceilings	20.0	each
16585600	Lamps, incadescent, red/night lights.		each
16585600	Lamps, incadescent		each

trical Total

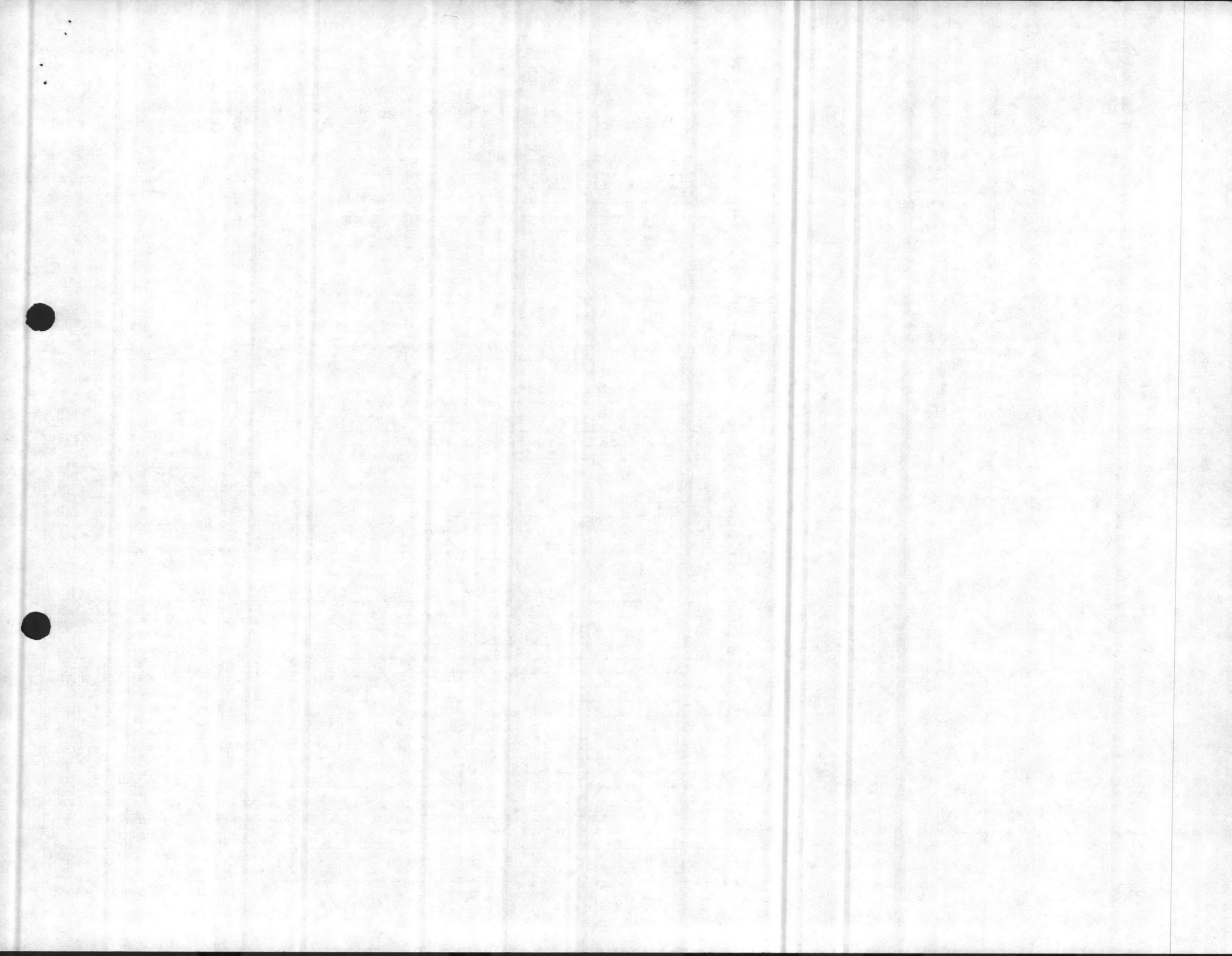
Electrical Total

01 (Unassigned)

01905100	TIME ALLOWED TO INSPECT ROOM WITH NO LISTED DESCRENCIES		each
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igned) Total

(Unassigned) Total



CSI	Description for Mess Hall 521	Takeoff Quantity	Unit
-----	-------------------------------	------------------	------

07 Conveying

07121019	H) clean and adjust proximity devices on door.		each
Conveying Total			

08 Mechanical

08110900	Door saver, instal,		each
08110900	Sink, secure & caulk	1.0	each
08110900	Door hardwar, replace		each
08110900	Closure, door, repair		each
08110900	Closure, door, remove		each
08110900	Install new hinge		sets
08110900	Vanity/caulk, repair formica	1.0	each
08110900	Lockset, bathroom, replace		each
08110900	Lock, Window repair/replace		each
08720300	Install weatherstripping		opng
08720300	Weather stripping, secure existin.		opng
08720300	Weather stripping, secure existin.		opng
Mechanical Total			

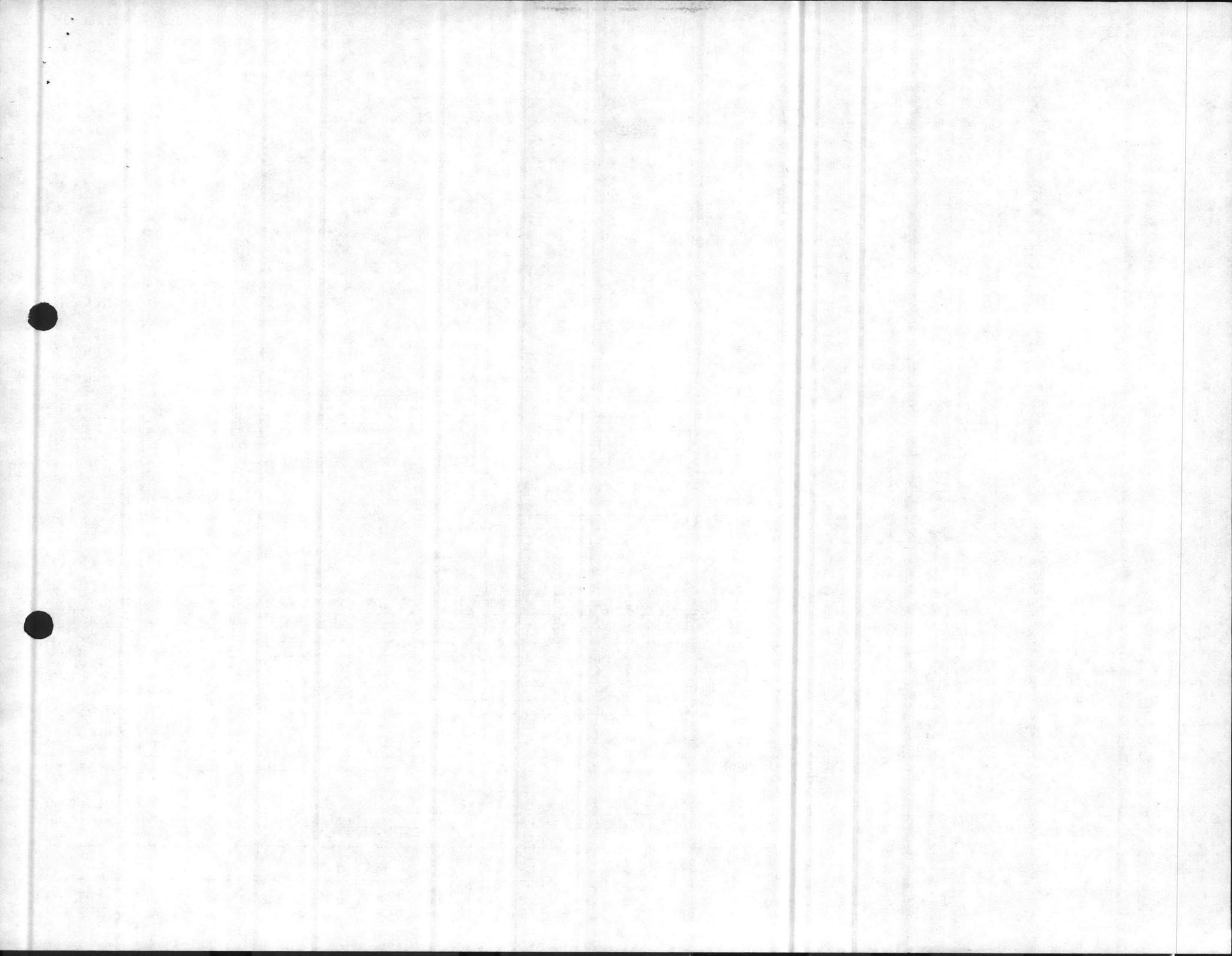
09 (Unassigned)

09310100	Install new tiles		sqft
09310100	Tile, ceramic, replace		sqft
09310100	Ceiling, repair, paster/sheetrock		sqft
(Unassigned) Total			

15 (Unassigned)

15410100	Valve, toilet, rebuild to repair leak/spud/flush vlv		each
15410100	Valve, urinal rebuild		each
15410100	Valve, shower, rebuild/replace	1.0	each
15410100	Valve, urinal flush, replace		each
15418400	Sink (to 23" x 18", single)		each
15418400	Vanity, replace cabin.,top,faucet,supply lines,trap		each
(Unassigned) Total			

Grand Total **Grand Total** **item**



Totals

2/26/01 5:22pm

Percent	Amount	Category for M-321	Hours	Job Cost Phase
100.00 %	956	Labor	35.7	
		Material		
		Subcontractor		
		Equipment		
		Other		
		User		
	956	Net Costs Subtotal		
	956	Total Estimate		\$0.00/item

12

