

PREVENTIVE MAINTENANCE SCHEDULE REQUEST

REQUESTOR: _____

DATE: _____

Building/Property: _____

**Equipment Asset ID
(if applicable):** _____

PM SCHEDULE REQUEST DESCRIPTION:

To be filled out by shop supervisor

Frequency

MONTHS/DATES OF SCHEDULE

PM Standard:

New

Existing

If existing, PM Standard Number:

DEPARTMENT ASSIGNED TO PM SCHEDULE

Shop Supervisor Signature

Assistant Director Signature

(if required) Department/Building Authorization