

Facilities Management: Service Request Form

Date:	Submitter Name and Position:	Telephone Number:	
Health Authority: (dropdown)	Executive Sponsor (Director or above):	Site Bldg # * Name:	
Request Type: (dropdown)	Department/Program:	Site Address:	
Description of Request (one sentence):			
Site Information			
Acute Care/Rehab Site Space Committee Aware Space Committee Approval	Residential Care Site Site Director Aware Site Director Approval	Leased Community or Corporate Site	Other <i>Provide details below</i>
Details of Request			
<p><i>Please provide information about the type of request, e.g. additional space request, renovation of existing space, changes to work environment, estimate for budget requirements, new program, etc. Where possible, please also provide:</i></p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• <i>definition of the problem</i> <li style="display: inline-block; width: 45%;">• <i>whether the request is exploratory or if there is a definitive solution</i> <li style="display: inline-block; width: 45%;">• <i>potential solutions</i> <li style="display: inline-block; width: 45%;">• <i>timing constraints & deadlines and impact if deadlines are not met</i> 			
Additional Information Provided: <i>List all documents that are available, e.g. related emails, business cases, funding confirmations, etc., and submit them via e-mail to FMServiceRequest@FraserHealth.ca if necessary.</i>			
Funding Available (\$): <i>If applicable</i>		Source of Funding: <i>If applicable</i>	
		Capital	External Grant
		Operating	Other (<i>specify</i>)
		Foundation	

FACILITIES MANAGEMENT: PROJECT INTAKE FORM

Additional Details of Request (if more space is needed)

- Please send the completed form to FMServiceRequest@fraserhealth.ca
- For more information about the FM Service Request process, please visit the intranet site.
http://fhpulse/lmc/Facilities/FM_Services/Pages/ConstructionandRenovation-RequestFMServices.aspx