# FILE FOLDER

## DESCRIPTION ON TAB:

9 J.O. completed 9

☐ **Outside/inside of actual folder did not contain hand written information**

☒ **Outside/inside of actual folder did contain hand written information**
***Scanned as next image**

**Confidential Records Management, Inc.**
**New Bern, NC**
**1-888-622-4425**
**9/08**

MISC

PERMCLIP
PERMCLIP
PERMCLIP®
PERMCLIP
PERMCLIP
PERMCLIP
PERMCLIP

J.O. CARD

PERMCLIP®
PERMCLIP
PERMCLIP
PERMCLIP
PERMCLIP
PERMCLIP

WORK
REQUESTS

CONTRACT
DATA

PERMCLIP
PERMCLIP
PERMCLIP®
PERMCLIP
PERMCLIP
PERMCLIP

J.O. PENDING

9

9

J.O.
COMPLETED

PERMCLIP®

ROOF: Built up-1794 SF; Metal -156 SF; Asbestos 23,642 SF

| BLDG NO | INT. PAINT SQ FT | EXT. PAINT SQ FT | ROOF SQ FT | CONDEN. LINES LIN FT | FACILITY HISTORY RECORD |
|---|---|---|---|---|---|
| 9 | | | 25,592 SF | | MCBCL 11011/3 |

| JOB ORDER NO or Contract No. | DATE COMPLETED | COST | DESCRIPTION |
|---|---|---|---|
| 023-02514-82 | 8/16/62 | | Renovate |
| NA4-03665-22 | 12/26/63 | 1279.63 | Relocate dishwasher |
| Contract | 12/10/69 | | Exterior repairs & paint |
| " | 4/8/70 - | Completed | Interior repairs + paint |
| | | | |
| N62470-71-C-0536 | 3/19/72 | | Install garbage disposal equipment bldg area |
| AA3-1083 | 12-1-72 | 258 | Relocate fly fans from 1209 to 9 |
| AA3-2560 | 6-22-73 | 304 | Replace power mixing valve on dishwasher |
| AA3-3191 | 8-7-72 | 322 | Replace circuit breaker on thermostat |
| AA3-1125 | 1-26-73 | 839 | Install lights over walkways |
| AA4-2452 | 1-11-74 | 275 | Install elec for (2) coffee makers |
| AA4-4616 | 4-5-74 | | Repair built in reefer in messhall |
| 2740 | 1-24-75 | 174 | Install magnetic starter and hookup cutter/mixer |
| 2771 | 3-28-75 | 256 | Install 120 volt 20 amps circuit to hand dryer in head |
| 2755 | 5-2-75 | 592 | Install elec + plumbing for 2 coffee makers |
| 5015 | 3-28-75 | O/E | Stripe parking lot |
| 5131 | 5-9-75 | 691 | Rpr torn area of carpet |
| 5136 | 5-2-75 | O/E | Rpr overhead steam leak in hallway + pull + repair steam coil |
| 2552 | 8-25-75 | $8,357 | Install heat lamps over each of the (2) sewing lines |
| 2542 | 8-13-75 | 800 | Install 10 deep fat fryers |
| 2516 | 10-3-75 | 2000 | Install dishwasher |
| 3477 | 4-9-75 | 400 | Rpl compressor for walkin reefer |
| 4638 | 1-9-76 | 1129 | Rpl condensate pump + tank assembly |

| JOB ORDER NO | DATE COMPLETED | COST | DESCRIPTION |
|---|---|---|---|
| 2842 | 8-13-76 | 213 | Install (1) Handdryer in Men's Hal |
| 1243 | 4-23-76 | 63 | Install (2) locks |
| 4989 | 3-26-76 | O/E. | Unstop (3) floor drains |
| 2650 | 11-11-77 | 1100 | Replace ovens + Vents |
| 3313 | 2-17-78 | 1346 | Self Help (paint) shop 43 supervise |
| 4766 | 9-23-77 | 655 | repair before Contract paint |
| 4146 | 5-26-77 | 578 | replace 2 doors |
| 3322 | 11-10-77 | 2998 | Make misc int. repairs |
| 2584 | 3-31-78 | 1458 | Connect vent, water, steam and electrical to sculley machine |
| 3537 | 3-30-79 | 1423 | Cover ceiling of freezer reefer with alum and caulk around seam |
| 2573 | 7-1-77 | 413 | Relocate (2) coffee machines in messhalls |
| 2447 | 11-11-77 | 894 | Install new ovens, connect gas, electrical services |
| 2604 | 5-26-78 | 1709 | Install skirts on drink dispenser tables (12 Tables) |
| 3561 | 6-1-79 | 1044 | Install extra heavy double action butt hinges on door |
| 5137 | 8-25-78 | 1551 | Replace A/C Compressor |
| 3950 | 2-17-78 | 242 | Replace old fixture w/5 new flourescent fixtures in hallway |
| 3570 | 11-25-77 | 911 | Repair exhaust fan |
| 79-C-9442 | 9-15-81 | $3,128.82 | Correction to Ventilation systems |
| 80-C-2059 | 8-15-81 | $21,160 | Freezer + Cooler Box Installation |
| 4329 | 11-2-79 | 3224 | Make repairs to heating systems |
| 4147 | 9-21-79 | 910 | Remove (39) incandescent light fixture |
| 2759 | 6-22-79 | 1469 | Hook up veg. warmer |
| 3783 | 8-3-79 | 3643 | Secure electrical outlets contact |
| 2575 | 1-4-79 | 515 | Anchor steam kettle to deck |
| 3983 | 3-14-79 | 3643 | Secure electrical outlets |
| 3338 | 11-26-79 | 2162 | Int + Ext Repairs, Patch plaster |
| | | | |
| | | | |

| 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 |
|---|---|---|---|
| 2076 | 6-20-80 | 498 | Replace bake oven vent stacks (2) |
| 3338 | 4-16-80 | 226 | interior + ext. repairs |
| 3964 | 79 | 1248 | Fab + Install door stops |
| 2623 | 79 | 374 | Install pads on stanchions |
| 2154 | 5-20-82 | 1278 | Rpr Juice dispenser |
| 3594 | 2-27-81 | 5709 | PAINT INT. |
| 3830 | Comp | 4169 | modify exist. heat. controls |
| 1190 | Comp | 550 | Install plastic air curtains |
| 3693 | 3-13-81 | 1208 | Clean Cooling + heating Coils on A/C |
| 3492 | Comp | 1263 | Remove exist. incandescent install fluorescent |
| 210 | Comp | 12943 | Rpr. galley EQUPT |
| 2089 | 6-18-82 | 1779 | Rebuild Conveyor belts on dishwashing machines |
| 2154 | Comp | — | rpr Juice dispensers |
| 2089 | 6-18-82 | 1779 | rebuild Conveyor belts on dish washing machines |
| 4645 | 7/5/83 | 1574 | RPR/Rpl. Eject Plumb Supt |
| 2043 | 12/2/83 | 1302 | Inspect Galley eqp. |
| 4696 | 7/8/83 | 2627 | RPR Floor Drain Soil PIPE |
| 4300 | | 6417 | Replace Indv. Circuit To Ice machine with new 100 Amp feed |
| 4267 | | 719 | Burst out a 3'x3' section of concrete floor |
| 4051 | | 5833 | Install (2) 400 Amp double throw transfer switches |
| 3797 | 4/27/84 | 2864 | Paint interior & coat |
| 3389 | 7/11/86 | 1536 | Resurface EXT concrete |
| 2115 | 6/7/85 | 755 | Install Air fe (window Type) in dry storage Room |
| 2071 | 12/14/84 | 8929 | Perform Preventive maint. To the Scullery & Galley |
| 3063 | 6/1/84 | 450 | Install clts to Receiving tables |
| 2002 | close out on 10/24/86 | 1415 | Rpl Deteriorated Terrazzo PADS in Rear |

| JOB ORDER NO | DATE COMPLETED | COST | DESCRIPTION |
|---|---|---|---|
| 5042 | 11-29-85 | 2337 | Misc. Structural Electrical + mechanical reprs. As per inspect. |
| 4385 | | 3796 | Repr. drainage |
| 5860 | 12-11-84 | 1770 | Misc. Structural Mechanical + Electrical As per Insp. Rept. |
| E804 | | 7526 | Perform Recurring maint. to Bldgs. as Required |
| 4267 | | 719 | INSTALL A three inch Floor DRAIN w/ P-TRAP under |
| 3611 | 6-20-86 | 1924 | Secure Steam + return to Service in following Bldg. |
| 3334 | Compl. | 9100 | Clean, Str. p, reseal B floor |
| 2108 | 10-23-87 | 1935 | Install, Connect test 20kw diesel generator |
| 4051 | 10-24-86 | 5833 | Inst. 2 400 AMP, transfer switches. |
| 3146 | 12-14-90 | 83 | Turn on Steam/heat |
| 3645 | 7-29-91 | 2583 | Rplc COMPRESSOR FOR A/C SYSTEM. |
| 3782 | 8-19-91 | 3413 | Rplc COMPRESSOR FOR A/C SYSTEM |
| 3805 | 11-29-91 | 1926 | INSTALL ELECT. OUTLETS & CABLEING |
| 4248 | 10-2-92 | 1973 | Rewire Walk IN Reefer |
| 3448 | Cmp | 9100 | Renew Contract to Clean shops + reseal floor |
| 4051 | 10-24-88 | 5833 | Install (2) 400 amp double throw switches |
| 2002 | 24OCT86 | 1415 | Rplc deteriorated Dryer Pad |
| 3059 | 9-23-94 | 2086 | Repair WATER LINE. Purged 9/16/98 AJ |
| 3082 | 9-23-94 | 5303 | Replace Condensate Pump ~~Purged 9/16/98 AJ~~ |
| 3175 | 8-26-94 | 2658 | Rplc A/C compressor Purged 9/16/98 AJ |
| 3393 | 12-22-8 | 1874 | Relocate generator Purged 9/16/98 AJ |
| 3767 | 04/19/96 | 6335 | Replace Main Service Breaker |
| ~~3866~~ | ~~4-2-99~~ | ~~1620~~ | ~~RPR WALL~~ Repair Wall PURGED 99 |
| 4070 | 08-22-97 | 21485 | Rplc Generator — Purged 9-11-01 |
| 4210 | 4-25-97 | 1830 | RPR P-TRAP — Purged 9-11-01 |
| ~~4212~~ | | | |
| ~~4212~~ | | ~~+830~~ | |
| 4212 | 3-13-98 | 6532 | RPLC FREEZER |

| 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 |
|---|---|---|---|
| | | | |

| JOB ORDER NO | DATE COMPLETED | COST | DESCRIPTION |
|---|---|---|---|
| 4234 | 4-25-97 | 1163 | Rplc PTRAP — Purged 9-11-01 |
| 4270 | 8-22-97 | -1317. | 1ST AND, CC Buy - SUBTRACT LABOR — Purged 9/11/01 |
| 4342 | 3-13-98 | 3163 | Replace A/C Compressor |
| 4346 | 3-13-98 | 3163 | Replace Compressor |
| 4609 | 8-14-98 | 5481 | Cyclic maintenance |
| EBH0 | 10-20-00 | 6495 | #55110 Cyclic maint. |
| EBH0 | 8/17/01 | 1514 | Cyclic Maint 01-49641 |
| CLM1 | | 5871 | Pur Air Curtain fans 02-174692 |

BLDG CLASS 2 PROPERTY RECORD

(004) UIC..M67001
MCB CAMP LEJEUNE NC

(001) PR NO.....2-03687
(005) FACILITY NO..9
(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.10K

GENERAL INFORMATION

(007) ACTION.....CAP-IMPROV
(008) FAM HOUSING....NO
(009) EE DATE.....30 SEP 81
(011) PR REVIEW DATE.30 SEP 81
(010) FACILITY NAME..
EM DINING FAC

ACQUISITION

(201) ESTATE.....13 OTHER MIL FUND
(202) ACQ CONTRACT...NOY4750
(203) ACQ DATE.....01 SEP 42
(204) GOVT COST..... $516,948
(207) LAND CCN.....91140

MEASUREMENTS

(301) LENGTH.... 267 FT
(302) WIDTH..... 167 FT
(303) HEIGHT.... 19 FT
(304)/AREA..... 22,369 SF
(308) AREA UM...
(305) STORIES... 01
(307) IRREGULAR. YES

CONSTRUCTION

(401) YEAR BUILT.....1942
(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)....22,369.00 | (516).....1,000.00 | (517) | (524)B03 B26 B09 |
| SBST | (518) | (519) | (520) | (525) |
| INAD | (521) | (522) | (523) | (526) |
| TOTAL | 22,369.00 | 1,000.00 | | |

BLCG C L A S S 2 P R O P E R T Y R E C O R D

(004) UIC..M67001 (001) PR NO.....2-03687

MCB CAMP LEJEUNE NC (005) FACILITY NC..9

(106) SPEC AREA....DA

HADNOT POINT

G E N E R A L I N F O R M A T I O N

(007) ACTION.....CAP-IMPROV

(008) FAM HOUSING....NO

(009) EE DATE.....30 SEP 81

(011) PR REVIEW DATE.30 SEP 81

(010) FACILITY NAME..

EM DINING FAC

L O C A T I O N

(101) COUNTRY..US UNITED STATES

(102) STATE....17 NORTH CAROLINA

(103) COUNTY...133 ONSLOW

(104) CITY.....0735 CAMP LEJEUNE

(105) AC.....05

(107) MAP GRID.10K

A C Q U I S I T I O N

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

(202) ACQ CONTRACT...NOY4750

(203) ACQ DATE.....01 SEP 42

(204) GOVT COST..... $516,948

(207) LAND CON.....91140

M E A S U R E M E N T S

(301) LENGTH.... 267 FT

(302) WIDTH..... 167 FT

(303) HEIGHT.... 19 FT

(304) AREA..... 22,369 SF

(308) AREA UM...

(305) STORIES... 01

(307) IRREGULAR. YES

C O N S T R U C T I O N

(401) YEAR BUILT.....1942

(402) CONSTRUCTION TYPE..PERMANENT

(403) YEAR IMPROVED.....1970

(404) ADMP CODE.....

(409) PROJECT NO.....

(410) HISTORIC IND...

M A I N T E N A N C E

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

S T A T U S / U T I L I Z A T I O N

(502) CATEGORY CODE...72210 (501) USE..ENLISTED DINING FACILITY

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

AREA/SF ALT/ DEF CODES

ADEQ(515)....22,369.00 (516).....1,000.00 (517) (524)803 826 809

SBST(518) (519) (520) (521)

INAD(521) (522) (523) (526)

TOTAL 22,369.00 1,000.00

---

04SEP26 FC.N62470 MC.M00027 *ACTIVITY.M67001 PR.2-03687

TAB PLACEMENT HERE

DESCRIPTION:

work requests

☒ Tab page did not contain hand written information

☐ Tab page contained hand written information
*Scanned as next image

# WORK REQUEST ROUTING SLIP

9

MCBCL 4400-46 (REV. 2-91)

THIS WORKSHEET MUST BE USED FOR ALL WORK REQUEST SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH / PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5428 | ☐ YES ☒ NO | 3/24/03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Shoe | | 3/24 | MPC | 03-65672 |
| DASSAU | | | | |
| | | | | |
| ex | | 5/13 | [illegible] | Work not required. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 6-11014/20 (REV. 2/84 (EF)) (New S/N number pending)

Base Food Service Office
MCB, Camp Lejeune
APPROVED JEO
DISAPPROVED

*Requestor see instructions on Reverse Side*

*PW Department see instructions in NAVFAC MO-321*

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: Base Food Service MH 9
2. REQUEST NO.: B053/5428-03
3. TO: Base maintance
4. DATE OF REQUEST: 3-21-03
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 3-24-03
6. FOR FURTHER INFORMATION CALL: Mr. Rheabert 451-1471
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION *(including location, type, size, quantity, etc.)*

Ceiling tile throughout the messhall need to be replaced due to the dirt and/or mold on the tiles.

JEO
1350
032103

This is a safety concern for dirt or mold falling in food.

03-65672

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 | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

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

Base Food Service Office
MCB, Camp Lejeune
APPROVED DEO
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

FROM Base Food Service MH 9

TO Base maintance

2. REQUEST NO. B053/5428-03

4. DATE OF REQUEST 3-21-03

REQUEST FOR [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START 3-24-03

FOR FURTHER INFORMATION CALL Mr. Rheabert 451-1471

7. SKETCH/PLAN ATTACHED [ ] YES [X] NO

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

Ceiling tile throughout the messhall need to be replaced due to the dirt and/or mold on the tiles.

This is a safety concern for dirt or mold falling in food.

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 | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

(See Part IV on Reverse Side)

Base Food Service Office
MCB, Camp Lejeune
APPROVED JEO X
DISAPPROVED

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

(PW DEPARTMENT SEE INSTRUCTIONS NAVFAC MO_ 321)

## PART I-REQUEST (Filled out by Requestor)

| | |
|---|---|
| 1. FROM<br>MESSHALL 9 | 2. REQUEST NO.<br>B053/5494-03 |
| 3. TO<br>BASE MAINTENANCE | 4. DATE OF REQUEST<br>29-Apr-03 |
| 5. REQUEST FOR<br>☐ COST ESTIMATE ☑ PERFORMANCE OF WORK | 5a. REQUEST WORK START<br>30-Apr-03 |
| 6. FOR FURTHER INFORMATION CALL<br>TONY RHEUBERT 451-1471 | 7. SKETCH PLAN ATTACHED<br>☐ YES ☑ NO |

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

**Problem:** NEED TO HAVE DOOR KNOB PUT ON AND A ~~COVER TO PROTECT IT ON~~ ELECTRICAL ROOM DOOR. KNOB WAS BROKEN OFF FROM BUSSING CARTS BEING PUSHED IN AND OUT OF SCULLERY

JEO
1550
042903

**Location:** ELECTRICAL ROOM

**Justification:** FOOD SAFETY

45
~~63~~

03-79055

**Remarks:**

| | |
|---|---|
| 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 |
|---|---|---|
| a. Labor | | ☐ YES ☐ NO |
| b. Material | | 15. ☐ APPROVED PROGAMMING TO START IN _____ |
| c. Overhead and / or Surcharge | | ☐ APPROVED PROGAMMING TO START IN _____ |
| d. Equipment Rental / Usage | | PROGAMMING TO START IN _____, IF |
| e. Contingency | | AUTHORIZED BY 25TH OF _____ AND FUNDS |
| f. Total | | ☐ DISAPPROVED (SEE REVERSE SIDE) ARE MADE AVAILABLE. |
| | | 16.SIGNATURE 17. DATE |

## PART III-- ACTION (Filled out by requestor)

18. To

| | |
|---|---|
| 19. AUTHORIZATION TO PROCEED IS ATTACHED<br>☐ NAVCOMPT 140 ☐ OTHER | 20. WORK REQUEST<br>☐ HAS BEEN CANCELLED ☐ HAS BEEN DEFERRED ☐ WILL BE PERFORMED BY OTHERS |
| 21. SIGNATURE | 22. DATE |

Base Food Service Office
MCB, Camp Lejeune
APPROVED RJH
DISAPPROVED

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

(PW DEPARTMENT SEE INSTRUCTIONS IN NAVFAC MO_321)

## PART I-REQUEST (Filled out by Requestor)

1. FROM
T.L. Rheubert Messhall 9

2. REQUEST NO.
B053/5486-03

3. TO
Base Facilities Maintenance Officer

4. DATE OF REQUEST
26-Apr-03

5. REQUEST FOR
[ ] COST ESTIMATE [XXX] PERFORMANCE OF WORK

5a. REQUEST WORK START
29-Apr-03

6. FOR FURTHER INFORMATION CALL
Tony Rheubert 451-1471

7. SKETCH PLAN ATTACHED
[ ] YES [XX] NO

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

Location: MAINLINE

03-78294

JEO
0920
042903

Problem: NEED TO HAVE STEAM LINE PIT CLEANED

Justification: SAFETY AND SANITATION

Remarks: THIS IS DO TO WATER BUILD UP AND TRASH IN THE PIT
ALSO NEED TO KNOW HOW LONG WILL TAKE, AND IF BUILDING WILL NEED TO BE CLOSED

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
Tony Rheubert Teena K. Gines

## 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 | | [ ] 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)

16. 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

# WORK REQUEST ROUTING SLIP

9

MCBCL 4400-46 (REV. 2-91)

THIS WORKSHEET MUST BE USED FOR ALL WORK REQUEST SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH / PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5473 | ☐ YES ☒ NO | 4/21/03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Shop | | 4/21 | MPC | 03-755530 |
| 12 | 4/22 | 4/22 | JMH | To shop 71 for action |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

(PW DEPARTMENT SEE INSTRUCTIONS IN NAVFAC MO_ 321)

## PART I-REQUEST (Filled out by Requestor)

1. FROM
T.L. Rheubert Messhall 9

MCB Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED JEO

2. REQUEST NO. B053/5473-03

3. TO
Base Facilities Maintenance Officer

4. DATE OF REQUEST
APRIL 16 ,03

5. REQUEST FOR
[ ] COST ESTIMATE [XXX] PERFORMANCE OF WORK

5a. REQUEST WORK START
APRIL 16 ,03

6. FOR FURTHER INFORMATION CALL
Tony Rheubert 451-1471

7. SKETCH PLAN ATTACHED
[ ] [XX]

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

Location: OUTSIDE

JEO
1130
04/17/03

Problem: GUTTERS NEED TO BE CLEANED OUT. TO MUCH BIULD UP IN THEM

MUH

Justification: SAFETY

03-75530

Remarks: THESE GUTTERS HAVE A LOT OF LEAVES AND PINE NEELDES IN THEM. THIS CAN ALLOW WATER BACKING UP IN BIULDING

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
Tony Rheubert

## 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 | | [ ] 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)
[ ] NAVCOMPT 140 [ ] OTHER

20. WORK REQUESTED
[ ] HAS BEEN CANCELLED
[ ] HAS BEEN DEFERRED
[ ] WILL BE PERFORMED BY OTHERS

21. SIGNATURE

22. DATE

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| 8053 5302-03 | ☐ YES ☐ NO | 1/22/03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| ~~APS~~ | H. | 1/23 | BL | 03-41569 |
| ~~CAR~~ | | | | |
| PEC | | 1/23 | DH | Check for $ of in billing |
| | | | | eye wash |
| Mercer | | 1/30 | AM | Close out the Work Request / Cancel |
| 20 | 04/14 | | | Requestor (Mr. Rhausert said that |
| | | | | someone has already installed eyewash |
| | | | | stations. (Phone Con) on 04/4/03. |

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 RKH
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: Mr Rheubert Messhall 9
2. REQUEST NO.: B053/5302-03
3. TO: Base Maintance
4. DATE OF REQUEST: 1/22/03
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 1/23/03
6. FOR FURTHER INFORMATION CALL: Mr Rheubert 451-1421
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Need To Have 2 Eye Wash Station installed. Need one in Galley #10 one in GI house. This is A safety Issue for Chemicals we Use

CAPI

013203 1340

FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official): Tony L Rhett

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

TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| ber | |
| terial | |
| erhead and/or Surcharge | |
| ipment Rental/Usage | |
| tingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

15.
[ ] APPROVED PROGRAMMING TO START IN 03-41569
[ ] 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)

HORIZATION 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

ATURE

22. DATE

(See Part IV on Reverse Side)

9

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5279-03 | ☐ YES ☒ NO | 1-3-03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rev | 1/3 | | GC | 03-34412 |
| 20 | | | | Shop |
| Henby | | 1/16 | [illegible] | toilet to shop 41 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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
DISAPPROVED
RJN

PW Department see instructions in NAVFAC MO-321

030B03
0920

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MR Rheubert Messhall 9

2. REQUEST NO.: B053/52 71-03

3. TO: Base Maintance

4. DATE OF REQUEST: 030103

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 030103

6. FOR FURTHER INFORMATION CALL: 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

The Pest Control in this building is terrible. We need all new Door Seals Put on All outside Doors. And all Holes and cracks in wall Filled or Fixed This will help Keep Down the Insects. Rcuiro

9. FUNDS CHARGEABLE: 03-34412

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 | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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)

TO

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

SIGNATURE

22. DATE

(See Part IV on Reverse Side)

7

# WORK REQUEST ROUTING SLIP

9

MCBCL 4400-46 (REV. 2-91)

THIS WORKSHEET MUST BE USED FOR ALL WORK REQUEST SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH / PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5456 | ☐ YES ☒ NO | 4/10/03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Shoe | | 4/10 | MPC | 03-71993 |
| Miller R | | 4/16 | [illegible] | ticket to shop 41 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

WORK REQUEST (MAINTENANCE MANAGEMENT)

(PW DEPARTMENT SEE INSTRUCTIONS IN NAVFAC MO_ 321)

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

## PART I-REQUEST (Filled out by Requestor)

| | |
|---|---|
| 1. FROM<br>Tony Rheubert Messhall 9 | 2. REQUEST NO.<br>B053/5456-03 |
| 3. TO<br>Base Maintenance | 4. DATE OF REQUEST<br>4 April 03 |
| 5. REQUEST FOR<br>[ ] COST ESTIMATE [xxx] PERFORMANCE OF WORK | 5a. REQUEST WORK START<br>5 April 03 |
| 6. FOR FURTHER INFORMATION CALL<br>Tony 451-1471 | 7. SKETCH PLAN ATTACHED<br>[ ] YES [x] NO |

2003 APR 7 AM 11 18
PUBLIC WORKS

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

Location: Messhall 9 Scullery

INSP

Problem: Outside wall in scullery is busted loose, this wall is get water behind it and it is starting to stink

Justification: Wall needs to be torn out and fixed. Heard that it has been like this for a while and was only caulked to seal the gap between the 2 walls

03-71993

Remarks: This is a safety and sanitation issue

| | |
|---|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE (Requesting Official) 4/4/03 |

## 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 | | [ ] YES | [ ] 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<br>(CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED)<br>[ ] NAVCOMPT 140 [ ] OTHER | 20. WORK REQUESTED<br>[ ] HAS BEEN CANCELLED [ ] HAS BEEN DEFERRED<br>[ ] WILL BE PERFORMED BY OTHERS |
| 21. SIGNATURE | 22. DATE |

TEAR OUT wall
Replace Anchor plate +
STUDS AS NECESSARY

~~REINST~~
Install Blue BOARD
+
Tile ceramic tile

# WORK REQUEST ROUTING SLIP

9

MCBCL 4400-46 (REV. 2-91)

THIS WORKSHEET MUST BE USED FOR ALL WORK REQUEST SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH / PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5433 | ☐ YES ☒ NO | 3/24/03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Shoe | | 3/24 | MPC | 03-656666 |
| DASSAU | | | | |
| | | | | |
| 12 | | 3/25 | [illegible] | to Shop 41 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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
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 MH 9
2. REQUEST NO.: B053/5433-03
3. TO: BASE MAINTANCE
4. DATE OF REQUEST: 03 21 03
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 03 24 03
6. FOR FURTHER INFORMATION CALL: MR RHEABERT 451-1471
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

FLOOR & WALL TILES, HAVE BROKEN, MISSING TILE. REPLACE THROUGHOUT THE MESSHALL. THIS IS A SAFETY HAZARD & UP KEEP OF MESSHALL.

INSP
03-65666

JEC
1350
032103

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 | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

(See Part IV on Reverse Side)

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 | 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 M.A.9
2. REQUEST NO.: B053/5429-03
3. TO: BASE MAINTANCE
4. DATE OF REQUEST: 032103
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 032403
6. FOR FURTHER INFORMATION CALL: MR. RHEABERT 451-1471
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

JEO
1350
032103

SPECIALTY SERVING LINE HAS BROKEN GLASS. THE SERVING LINE IS BY THE FAST FOOD LINE. THIS IS A SAFETY HAZARD, H.A.C.C.P CONCERN & UP KEEP OF MESSHALL.

03-65692 43

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 | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

(See Part IV on Reverse Side)

**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 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: MR Rheubert Messhall 9

2. REQUEST NO.: B053/5419-03

3. TO: Base Maintance

4. DATE OF REQUEST: 03 18 03

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 03 20 03

6. FOR FURTHER INFORMATION CALL: Tony Rheubert 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

Need starters for salad bar lights
Both lines Fast Food - Main line
Up Keep of Equipment

41

JEO
1415
03 18 03

03-64170

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 | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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. 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

*(See Part IV on Reverse Side)*

**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
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: MR Rheubert Messhall 9
2. REQUEST NO.: B053/5420-03
3. TO: Base Maintance
4. DATE OF REQUEST: 031803
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 031803
6. FOR FURTHER INFORMATION CALL: Tony Rheubert 451-1471
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

Need To Have Door Knob-Handle put on Electrical Room Door. It has No Knob.
Electrical Room is located in Scullery Room.
This is A Safety Concern and Help to Get in Room Better

TEO 1415 031803

45

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 | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

15.
[ ] APPROVED PROGRAMMING TO START IN 03-64159
[ ] 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. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved): [ ] NAVCOMPT 140 [ ] OTHER
19. SIGNATURE
20. WORK REQUESTED: [ ] HAS BEEN CANCELLED [ ] HAS BEEN DEFERRED [ ] WILL BE PERFORMED BY OTHERS
22. DATE

(See Part IV on Reverse Side)

**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
DISAPPROVED
JEO

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: Mr Rheubert Messhall 9

2. REQUEST NO.: B053/5421-03

3. TO: Base Maintance

4. DATE OF REQUEST: 031803

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 032003

6. FOR FURTHER INFORMATION CALL: Tony Rheubert 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

Exposed Electric wires. Need to be put in a electrical box.
This is in the galley behind the Fryer on the wall.
This is a big safety Concern Do to Electrical Shock.

JEO 1415 031803

FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Tony Rheubert

41

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

15.
[ ] APPROVED PROGRAMMING TO START IN 03-64155
[ ] 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. 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

*(See Part IV on Reverse Side)*

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| 8053<br>5304-03 | ☐ YES ☐ NO | 1/22/03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Capt H. | | 1/23 | RC | 03-41559 |
| INSP | | 1/23 | CJH | Shoe |
| ~~Dixon~~ | | 2/6/03 | | to Capt Harmon |
| Harmon | | | | |
| | | | | |
| CMC | | | | |

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 LL
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MR Rheubert Messhall 9

2. REQUEST NO.: B053/15304-03

3. TO: Base Maintance

4. DATE OF REQUEST: 1/22/03

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 1/23/03

6. FOR FURTHER INFORMATION CALL: 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

Need HAND RAILS PLACED AT All Steps. Capt
This is A BIG Safety Issue and Concern
HAVE 2 AREAS in FRONT of Building and One in
BACK of Building

1340
012203
CA

FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official): Roy R Ll

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

TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| aber | |
| laterial | |
| verhead and/or Surcharge | |
| uipment Rental/Usage | |
| ntingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

15.
[ ] APPROVED PROGRAMMING TO START IN 03-41559
[ ] 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)

D

THORIZATION 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

SNATURE

22. DATE

(See Part IV on Reverse Side)

**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 RHA
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: MR Rheubert Messhall 9
2. REQUEST NO.: B053/5299-03
3. TO: BASE MAINTANCE
4. DATE OF REQUEST: 3 JAN 2003
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: ~~ASAP~~ 10 Jan 2003
6. FOR FURTHER INFORMATION CALL: 451-1471
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

5-DRAWER SAFE IN PROJECT MANAGER'S OFFICE - TOP DRAWER IS LOCKED AND COMBINATION IS UNKNOWN. 4TH DRAWER IS LOCKED - COMBINATION WILL NOT WORK. REQUEST BOTH DRAWERS BE OPENED AND COMBINATIONS ON ALL DRAWERS BE CHANGED.

(need to put messhall money in there) 45

01-003 CP 1010

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 | |
|---|---|
| aber | |
| laterial | |
| verhead and/or Surcharge | |
| quipment Rental/Usage | |
| ontingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

15.
[ ] APPROVED PROGRAMMING TO START IN 03-ST06D
[ ] 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. AUTHORIZATION TO PROCEED IS ATTACHED *(Check one if other than PW funds are involved)*
[ ] NAVCOMPT 140 [ ] OTHER

19. SIGNATURE

20. WORK REQUESTED
[ ] HAS BEEN CANCELLED [ ] HAS BEEN DEFERRED [ ] WILL BE PERFORMED BY OTHERS

22. DATE

*(See Part IV on Reverse Side)*

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 RMA
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MR Rheubert Messhall 9

2. REQUEST NO.: B053/5299-03

3. TO: BASE MAINTANCE

4. DATE OF REQUEST: 3 JAN 2003

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: ~~[illegible]~~ 10 Jan 2003

6. FOR FURTHER INFORMATION CALL: 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

5-DRAWER SAFE IN PROJECT MANAGER'S OFFICE - TOP DRAWER IS LOCKED AND COMBINATION IS UNKNOWN. 4TH DRAWER IS LOCKED - COMBINATION WILL NOT WORK. REQUEST BOTH DRAWERS BE OPENED AND COMBINATIONS ON ALL DRAWERS BE CHANGED.

(need to put messhall money in there)

FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official): [signature]

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

TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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)

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

SIGNATURE

22. DATE

(See Part IV on Reverse Side)

9

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5283-03 | ☐ YES ☒ NO | 1-3-03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rev | 1/3 | | | 03-34414 |
| 20 | | | | Shop |
| Dassau | | | | |
| 12 | | 1/8/03 | | to Shop 61 |

**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 RKH
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

030103
0920

*Requestor see instructions on Reverse Side*

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MR Rhubert - Messhall 9

2. REQUEST NO.: B053/5283-03

3. TO: Base Maintance

4. DATE OF REQUEST: 12 Jan 03

5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK

5a. REQUEST WORK START: 030103

6. FOR FURTHER INFORMATION CALL: 451-1421

7. SKETCH/PLAN ATTACHED: ☐ YES ☒ NO

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

Need To Have Open Drain Sinks. This is Needed in Salad Room for Washing Vegetable & Fruit. This is A Sanitation Issue and Needs to be Addressed A.S.A.P.

03-34414

Reviewed

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Tony Rhubert

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

11. TO

12. ESTIMATE NO.

13. COST ESTIMATE

| | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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)

TO

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

SIGNATURE

22. DATE

*(See Part IV on Reverse Side)*

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 RKH
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

030103
0920

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: Mr Rhubert - Messhall 9
2. REQUEST NO.: B053/5283-03
3. TO: Base Maintance
4. DATE OF REQUEST: 13 JAN 03
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 030103
6. FOR FURTHER INFORMATION CALL: 451-1421
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Need To Have Open Drain Sinks. This is Needed in Salad Room for Washing Vegetable & Fruit. This is A Sanitation Issue and Needs to be Addressed A.S.A.P.

9. FUNDS CHARGEABLE
10. SIGNATURE (Requesting Official): Tony Rhubert

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

1. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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)

TO

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

SIGNATURE
22. DATE

(See Part IV on Reverse Side)

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5281-03 | ☐ YES ☒ NO | 1-3-03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rev | 1/3 | | JC | 03-32419 |
| To | | | | Shop |
| Dassau | | | | |
| | | | | |
| 12 | | 1/8/03 | [illegible] | to Shop 41 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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 RHH
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

030103
0920

*Requestor see instructions on Reverse Side*

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: MR Rheubert Messhall 9

2. REQUEST NO.: B003/5281-03

3. TO: Base Maintance

4. DATE OF REQUEST: 030103

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 030103

6. FOR FURTHER INFORMATION CALL: 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

Floor between Galley and Hall has hump in it. I have put in a request to be fixed. Was supose To be done over Thanksgiving Holiday. Still not Fixed

This is a big safety Issue Review

9. FUNDS CHARGEABLE: 03-34419

10. SIGNATURE *(Requesting Official)*: Tony Ruff

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

9. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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. AUTHORIZATION TO PROCEED IS ATTACHED *(Check one if other than PW funds are involved)*
[ ] NAVCOMPT 140 [ ] OTHER

19. SIGNATURE

20. WORK REQUESTED
[ ] HAS BEEN CANCELLED [ ] HAS BEEN DEFERRED [ ] WILL BE PERFORMED BY OTHERS

22. DATE

*(See Part IV on Reverse Side)*

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

Base Food Service Offi
MCB, Camp Lejeune
APPROVED RHH
DISAPPROVED

PW Department see instructions in NAVFAC MO-321
030103
0920

Requestor see instructions on Reverse Side

PART 1—REQUEST (Filled out by Requestor)

1. FROM Mr Rheubert Messhall 9
2. REQUEST NO. B003/5281-03
3. TO Base Maintance
4. DATE OF REQUEST 030103
5. REQUEST FOR ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK
5a. REQUEST WORK START 030103
6. FOR FURTHER INFORMATION CALL 451-1471
7. SKETCH/PLAN ATTACHED ☐ YES ☐ NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Floor between Galley and Hall has hump in it. I have put in a Request to be fixed. Was supose To be done over Thanksgiving Holiday. Still not Fixed

This is a big safety Issue

FUNDS CHARGEABLE
10. SIGNATURE (Requesting Official) Doug Ruff

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

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO
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. 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

(See Part IV on Reverse Side)

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5305-03 | ☐ YES ☐ NO | 1/22/03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Tool Shop | | 1/23 | BC | 03-41535 |
| Dassau | | | | |
| 12 | | 2/5/03 | [illegible] | to Shop 41 - Repl damaged/ dirty tiles at ceiling vents. |

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 RKH
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

INSP

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MR Rheubert Messhall 9

2. REQUEST NO.: B053/53095-05

3. TO: Base Maintance

4. DATE OF REQUEST: 1/22/05

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 1/23/05

6. FOR FURTHER INFORMATION CALL: 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

This is my Third Request on this issue. I need someone to come in to see me about Ceiling Tiles All the Tiles in the whole Building need Replace. They are Dirty, Broken, and Mostly Falling Apart. This can Fall and Hurt someone. This is a big sanitation concern

9. FUNDS CHARGEABLE: WOPS-Shop

10. SIGNATURE (Requesting Official): Tony Rhett

01-22-05

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

TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| ber | |
| terial | |
| erhead and/or Surcharge | |
| ipment Rental/Usage | |
| tingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

15.
[ ] APPROVED PROGRAMMING TO START IN 02-45555
[ ] 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)

HORIZATION 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

ATURE

22. DATE

(See Part IV on Reverse Side)

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5280-03 | ☐ YES ☒ NO | 1-3-03 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rev | 1/3 | | CJC | 03-34425 |
| Apts | | | | |
| | | | | |
| Cave | 7/1 | | CAH | Duplicate of 03-5259 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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
DISAPPROVED RKH

PW Department see instructions in NAVFAC MO-321

03.0103
G920

*Requestor see instructions on Reverse Side*

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: MR Rheubert Messhall 9

2. REQUEST NO.: B053/528073

3. TO: Base Maintance

4. DATE OF REQUEST: 030103

5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK

5a. REQUEST WORK START: 030103

6. FOR FURTHER INFORMATION CALL: 451-1471

7. SKETCH/PLAN ATTACHED: ☐ YES ☐ NO

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

Ceiling tiles need to be Replaced in the Whole Facility. They are dirty, cracked, and Falling Apart. This is a big safety and Sanitation issue

Had a Request in before Heard Nothing Requested

FUNDS CHARGEABLE: 03-34425

10. SIGNATURE *(Requesting Official)*: Tony R Clift

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

TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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)**

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

SIGNATURE

22. DATE

*(See Part IV on Reverse Side)*

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
DISAPPROVED
RKH

PW Department see instructions in NAVFAC MO-321

03.0103
0920

Requestor see instructions on Reverse Side

PART 1—REQUEST (Filled out by Requestor)

1. FROM: MR Rheubert Messhall 9

2. REQUEST NO.: B053/5280-03

3. TO: Base Maintance

4. DATE OF REQUEST: 03 01 03

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 03 01 03

6. FOR FURTHER INFORMATION CALL: 451-1421

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

Ceiling tiles need to be Replaced in the Whole Facility. They are dirty, cracked, and Falling Apart. This is a big safety and Sanitation issue

Had a Request in before Heard Nothing

FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official): Tony R Clark

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

TO

12. ESTIMATE NO.

13. COST ESTIMATE

| | |
|---|---|
| aber | |
| laterial | |
| verhead and/or Surcharge | |
| uipment Rental/Usage | |
| ntingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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)

THORIZATION 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

NATURE

22. DATE

(See Part IV on Reverse Side)

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| Bows 5243-02 | ☐ YES ☐ NO | 11-6-02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rev | 11-6 | | | 03-15257 |
| Capt | | | | |
| | | | | |
| P&E | | | | Cost est / electrical |
| Whaley J | | 11/19 | | |
| | | | | |
| | | | | |
| mohammad | | | JBW | see Attached Cost Est |
| Capt | | 11/21 | | & Drawing $177.00 |
| | | | | |
| P&E | | 12/10 | CSH | Approved D-1 |
| Whaley J | | 12/10 | | |
| | | | | |
| | | | | |
| | | 12 | | Shop 41- install outlet for |
| | | | | Time clock JBW-1 |

Base Food Service Office
MCB, Camp Lejeune
APPROVED RKH
DISAPPROVED

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

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MH 9

2. REQUEST NO.: B053/5243-02

3. TO: BASE MAINTENANCE

4. DATE OF REQUEST: 11/5/02

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: ~~ASAP~~ 11/7/02

6. FOR FURTHER INFORMATION CALL: 451-1471 Mr. RHEUBERT

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

Need to have Electrical outlet installed for time clock out side of Mang. Office. Am using extension cord. Not Allowed (was hit on Fire Inspection) 0730 11/06/02

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 | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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)

TO

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

SIGNATURE

22. DATE

(See Part IV on Reverse Side)

.CAMPLEJEUNE FIRE PROTECTION DIVISION
FIRE INSPECTION REPORT

DATE: 11/4/2002
TYPE: HAZARD



BUILDING: 9
ACTIVITY: MESSHALL
INSPECTION DATE: 11/04/2002
ACCOMPANIED BY: UNACCOMPANIED
ACCOMPANIED PHONE #: 910-451-3600

*----------*

Hazard: 001 Time: 14:30 Code: L1C

DSC: EVACUATION PLAN NEEDS TO BE UPDATED.
LOC: THROUGHOUT THE BUILDING
REF: BO 11320.1J, SECTION 4, PAR.B, SUB SECTION (1)
REC: SHOW CURRENT FLOOR PLAN WITH ADDITIONAL INFO. AS NEEDED.

Hazard: 002 Time: 14:30 Code: P1C

DSC: OCCUPANT NOT INSPECTING FIRE EXTINGUISHER ON MONTHLY BASIS.
LOC: THROUGHOUT THE BUILDING
REF: BO 11320.1J, SECTION 5, PAR. C
REC: ENSURE THAT THE DESIGNATED PERSON ACCOMPLISHES THIS TASK.

Hazard: 003 Time: 14:30 Code: L1F

DSC: DOOR HARDWARE DOES NOT MEET LIFE SAFETY REQUIREMENTS.
LOC: CLEANING SUPPLIES ROOM
REF: NFPA 101, 5-2
REC: SUBMIT A REQUEST TO HAVE DOOR HARDWARE REPAIRED OR REPLACED.

azard: 004 Time: 14:30 Code: B1K

DSC: HOLES IN WALLS AND/OR CEILING.
LOC: DISH WASHING AREA
REF: F.P. HANDBOOK 7-15
REC: REPAIR HOLES TO PREVENT AVENUE FOR FIRE SPREAD.

azard: 005 Time: 14:30 Code: E1G

DSC: EXIT LIGHTS OUT OF SERVICE.
LOC: DINNING AREA
REF: NFPA 101, 5-10.1.4 NFPA 101, 5-10.3.6
REC: REPLACE BULBS (TO INCLUDE BACKUP BULBS) OR REPAIR UNIT IF REQUIRED.
ENSURE THAT BOTH AC/DC POWER TO LIGHT UNIT IS WORKING

zard: 006 Time: 14:30 Code: E1C

SC: IMPROPER USE OF EXTENSION CORD.
OC: MANAGERS OFFICE
EF: BO 11320.1J, ENCLOSURE 4, SECTION 8, PAR. I
EC: EXTENSION CORDS ARE FOR TEMPORARY USE ONLY. REMOVE CORD.

zard: 007 Time: 14:30 Code: I5I

SC: NOTE: WITHIN 5 DAYS INDICATE ACTION TAKEN & RECORD ALL W/O # ON REPORT
OR ON ATTACHED PAPER. DEFICIENCIES TO BE CORRECTED WITHIN 30 DAYS
OC:
EF: BO 11320.1J,6E REQUIRES "IMMEDIATE ATTENTION" TO A FIRE INSP. REPORT
EC: RETURN REPORT TO NEAREST FIRE STATION, FIRE HEADQUARTERS, FIRE
PREVENTION SECTION, TELEPHONE # 451-7105 OR FAX 451-5976. THANK YOU
INSPECTOR BENEFIELD

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

APPROVED
DISAPPROVED
RKH

PW Department
in NAVFAC MO-321

Requestor see instructions on Reverse Side

PART 1—REQUEST (Filled out by Requestor)

2. REQUEST NO. B053/5243-02

FROM MH 9

4. DATE OF REQUEST 11/5/02

TO BASE MAINTENANCE

5a. REQUEST WORK START ~~ASAP~~ 11/7/02

REQUEST FOR ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK

7. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

FOR FURTHER INFORMATION CALL 451-1471

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

Need To have Electrical outlet installed For time clock out side of Mang. Office Am using Extension cord. Not Allowed (was hit on Fire Inspection)

10. SIGNATURE (Requesting Official) [signature]

9. FUNDS CHARGEABLE

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

12. ESTIMATE NO.

11. TO

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

| 13. COST ESTIMATE | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| 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)

TO

20. WORK REQUESTED ☐ HAS BEEN CANCELLED ☐ HAS BEEN DEFERRED ☐ WILL BE PERFORMED BY OTHERS

AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) ☐ NAVCOMPT 140 ☐ OTHER

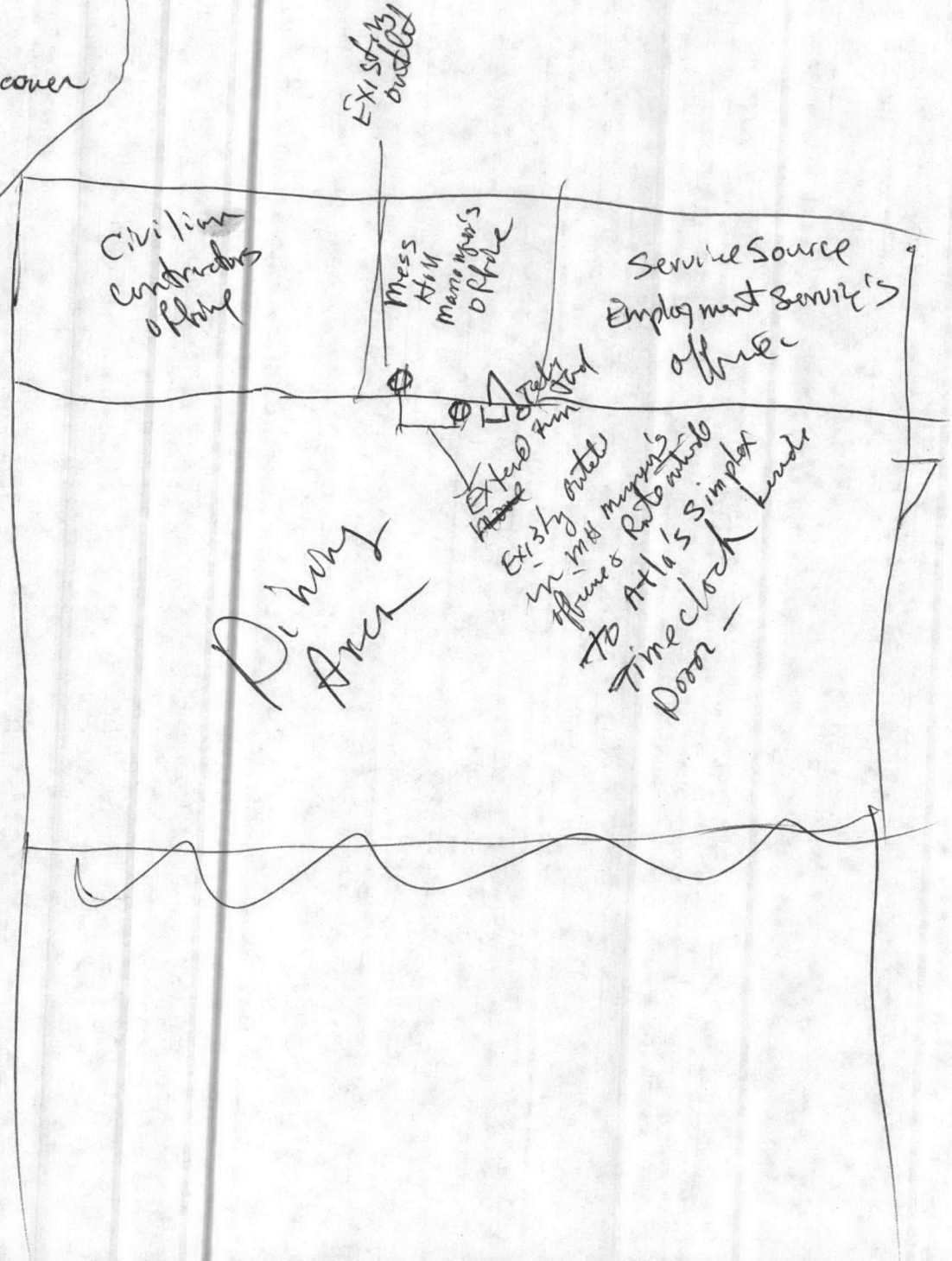
22. DATE

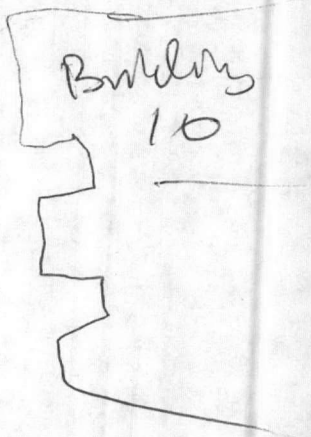
SIGNATURE

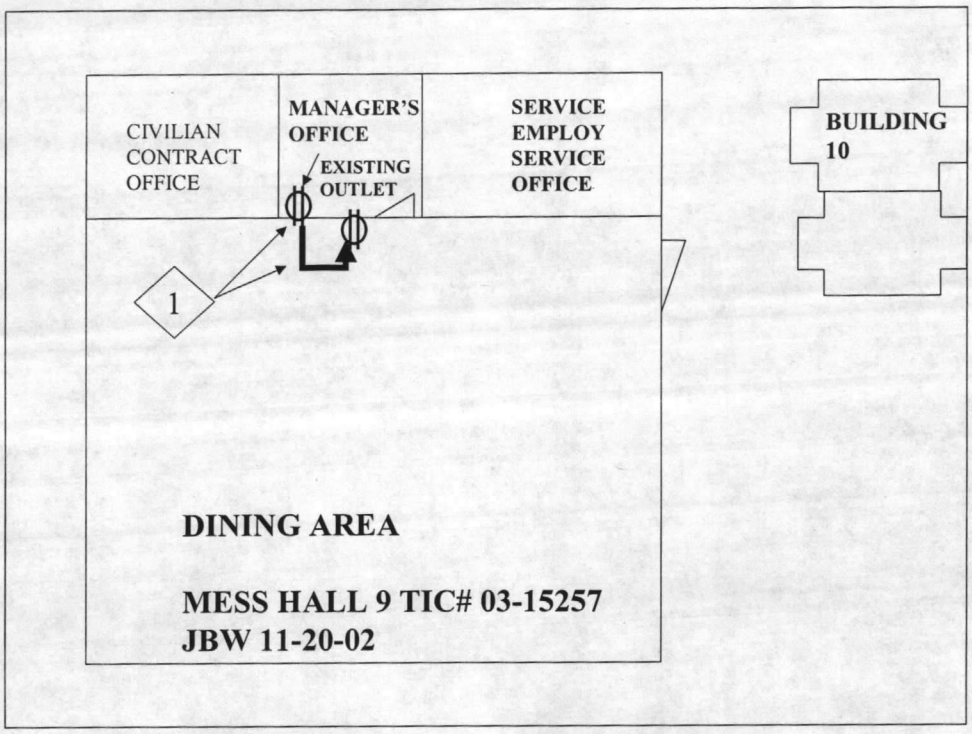
(See Part IV on Reverse Side)

Must Existing

10' 1/2" EMT
1- 4" Sq. Box
1- 4" Sq. Round cover
1- Duplex Rec
2- Computer
12' #12 THHN
Black, wht
Green






1) ROUTE A 120 VOLT CIRCUIT IN CONDUIT FROM EXISTING DUPLEX OUTLET IN MANAGERS OFFICE TO OUTSIDE WALL ADJACENT TO THE ATLA'S SIMPLEX TIME CLOCK AND INSTALL A DUPLEX OUTLET IN A 4" SQ BOX WITH A RAISED COVER IN CONDUIT..

Estimate Information

| | |
|---|---|
| Project | PROVIDE/INSTALL A DUPLEX OUTLET ADJACENT TO TIME CLOCK. |
| Labor Rate Table | 2000 RS Means Base Rates |
| Equipment Rate Table | 2000 RS Means Equipment Rates |

| | |
|---|---|
| Client | FOOD SERVICE |
| Address | MESS HALL 9 |
| | ESTIMATED BY JONATHAN WHALEY |
| | Camp Lejeune NC 28542 |
| Phone | 451 1471 MR RHEUBERT |

| CSI | Item Description | Quantity | Unit | Labor | Materials | Subs | Equipment | Other | Total |
|---|---|---|---|---|---|---|---|---|---|
| 16050 | Basic Electrical Materials & Methods | | | | | | | | |
| 6070320 | Hangers, conduit supports, strap W/2 holes, EMT, 1/2" diameter | 2.0 | each | 1.12 | 0.22 | | | | 1.34 |
| | Basic Electrical Materials & Methods Total | | | 1.12 | 0.22 | | | | 1.34 |
| 16100 | Wiring Methods | | | | | | | | |
| 6120900 | Wire, 600 volt, type THWN-THHN, copper, stranded, #12 | 1.0 | Clf | 24.00 | 6.05 | | | | 30.05 |
| 6132205 | Conduit,to 15' H,incl 2 termn,2 elb&11 bm clp per 100',(EMT),1/2"dia | 10.0 | lnft | 15.50 | 3.60 | | | | 19.10 |
| 6132205 | Conduit, EMT,LB, LR or LL fittings with covs, 1/2" dia, set screw | 1.0 | each | 11.00 | 8.25 | | | | 19.25 |
| 6132205 | Conduit, EMT, box connectors, compression, 1/2" diam., steel | 4.0 | each | 8.80 | 7.16 | | | | 15.96 |
| 6136600 | Outlet boxes, pressed steel, square, 4" | 1.0 | each | 13.20 | 1.98 | | | | 15.18 |
| 6136600 | Outlet boxes, pressed steel, square, covers, raised device | 1.0 | each | 4.13 | 1.50 | | | | 5.63 |
| 6140910 | Wiring devices, receptacle, duplex, 120 volt, ground, 20 amp | 1.0 | each | 9.80 | 9.50 | | | | 19.30 |
| | Wiring Methods Total | | | 86.43 | 38.04 | | | | 124.47 |

| | | |
|---|---|---|
| | Net Costs Subtotal | 126 |
| 6.50 % | NC SALES TAX | 2 |
| 18.00 % | TAXES/ INSURANCE | 16 |
| 15.00 % | CONTRACTOR ADMIN/ OVERHEAD | 19 |
| 10.00 % | CONTRACTOR PROFIT | 13 |
| 1.00 % | CONTRACTOR BOND | 1 |
| | Total Estimate | 177 |

| CSI | Division | Labor | Material | Subs | Equip | Other | Total |
|---|---|---|---|---|---|---|---|
| 16 | Electrical | 87.55 | 38.26 | | | | 125.81 |
| | Grand Total | 87.55 | 38.26 | | | | 125.81 |

| | | |
|---|---|---|
| | Net Costs Subtotal | 126 |
| 6.50 % | NC SALES TAX | 2 |
| [illegible]00 % | TAXES/ INSURANCE | 16 |
| 15.00 % | CONTRACTOR ADMIN/ OVERHEAD | 19 |
| 10.00 % | CONTRACTOR PROFIT | 13 |
| 1.00 % | CONTRACTOR BOND | 1 |
| | Total Estimate | 177 |

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| 5242-02 | ☐ YES ☐ NO | 11-6-02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rec | 11-6 | | | 03-/5259 |
| 20 | | | | Shop |
| Dassau | | | | |
| | | | | |
| 12 | | 11/13/02 | | to Shop 41 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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
DISAPPROVED
RKH

03-1589

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MH 9

2. REQUEST NO.: B053/5242-02

3. TO: BASE MAINTENANCE

4. DATE OF REQUEST: 11/5/02

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: ASAP 11/7/02

6. FOR FURTHER INFORMATION CALL: 451-1471 Mr. Rheubert

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

Holes in walls & cieling tiles missing: This needs to be repaired. RCW

safety hazard RCW

(Got Hit by Fire Marshall)

11/6/02 0730

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

| | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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)

TO

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

SIGNATURE

22. DATE

(See Part IV on Reverse Side)

CAMPLEJEUNE FIRE PROTECTION DIVISION
FIRE INSPECTION REPORT

DATE: 11/4/2002
TYPE: HAZARD



BUILDING: 9
ACTIVITY: MESSHALL
INSPECTION DATE: 11/04/2002
ACCOMPANIED BY: UNACCOMPANIED
ACCOMPANIED PHONE #: 910-451-3600

*----------*

Hazard: 001 Time: 14:30 Code: L1C

DSC: EVACUATION PLAN NEEDS TO BE UPDATED.
LOC: THROUGHOUT THE BUILDING
REF: BO 11320.1J, SECTION 4, PAR.B, SUB SECTION (1)
REC: SHOW CURRENT FLOOR PLAN WITH ADDITIONAL INFO. AS NEEDED.

Hazard: 002 Time: 14:30 Code: P1C

DSC: OCCUPANT NOT INSPECTING FIRE EXTINGUISHER ON MONTHLY BASIS.
LOC: THROUGHOUT THE BUILDING
REF: BO 11320.1J, SECTION 5, PAR. C
REC: ENSURE THAT THE DESIGNATED PERSON ACCOMPLISHES THIS TASK.

Hazard: 003 Time: 14:30 Code: L1F

DSC: DOOR HARDWARE DOES NOT MEET LIFE SAFETY REQUIREMENTS.
LOC: CLEANING SUPPLIES ROOM
REF: NFPA 101, 5-2
REC: SUBMIT A REQUEST TO HAVE DOOR HARDWARE REPAIRED OR REPLACED.

azard: 004 Time: 14:30 Code: B1K

DSC: HOLES IN WALLS AND/OR CEILING.
LOC: DISH WASHING AREA
REF: F.P. HANDBOOK 7-15
REC: REPAIR HOLES TO PREVENT AVENUE FOR FIRE SPREAD.

azard: 005 Time: 14:30 Code: E1G

DSC: EXIT LIGHTS OUT OF SERVICE.
LOC: DINNING AREA
REF: NFPA 101, 5-10.1.4 NFPA 101, 5-10.3.6
REC: REPLACE BULBS (TO INCLUDE BACKUP BULBS) OR REPAIR UNIT IF REQUIRED.
ENSURE THAT BOTH AC/DC POWER TO LIGHT UNIT IS WORKING

zard: 006 Time: 14:30 Code: E1C

SC: IMPROPER USE OF EXTENSION CORD.
OC: MANAGERS OFFICE
EF: BO 11320.1J, ENCLOSURE 4, SECTION 8, PAR. I
EC: EXTENSION CORDS ARE FOR TEMPORARY USE ONLY. REMOVE CORD.

zard: 007 Time: 14:30 Code: I5I

SC: NOTE: WITHIN 5 DAYS INDICATE ACTION TAKEN & RECORD ALL W/O # ON REPORT
OR ON ATTACHED PAPER. DEFICIENCIES TO BE CORRECTED WITHIN 30 DAYS
OC:
EF: BO 11320.1J,6E REQUIRES "IMMEDIATE ATTENTION" TO A FIRE INSP. REPORT
EC: RETURN REPORT TO NEAREST FIRE STATION, FIRE HEADQUARTERS, FIRE
PREVENTION SECTION, TELEPHONE # 451-7105 OR FAX 451-5976. THANK YOU
INSPECTOR BENEFIELD

**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 RKH
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MH 9 MR Rhenbert

2. REQUEST NO.: B053/5246-02

3. TO: BASE MAINTENANCE

4. DATE OF REQUEST: ~~10/24/02~~ 021106

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: ~~ASAP~~ 021107

6. FOR FURTHER INFORMATION CALL: 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

All sinks need new faucet seal. They all leak.

(This is a big safety issue)

03-16007 (61)

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 | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

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

Base Food Service Office
MCB, Camp Lejeune
APPROVED RH
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MH 9

2. REQUEST NO.: B053/5244-02

3. TO: BASE MAINTENANCE

4. DATE OF REQUEST: 11/5/02

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: ~~ASAP~~ 11/7/02

6. FOR FURTHER INFORMATION CALL: 451-1471 Mr. Rheubert

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

DOOR HINGE AT TOP of G.I ROOM is NOT ATTACHED TO DOOR FRAME.

03-1V-X3

(THIS WAS A HIT FROM FIRE MARSHAL)

11/06/02 0730

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

| | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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)

TO

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

SIGNATURE

22. DATE

(See Part IV on Reverse Side)

CAMPLEJEUNE FIRE PROTECTION DIVISION
FIRE INSPECTION REPORT

DATE: 11/4/2002
TYPE: HAZARD



BUILDING: 9
ACTIVITY: MESSHALL
INSPECTION DATE: 11/04/2002
ACCOMPANIED BY: UNACCOMPANIED
ACCOMPANIED PHONE #: 910-451-3600

*----------*

Hazard: 001 Time: 14:30 Code: L1C

DSC: EVACUATION PLAN NEEDS TO BE UPDATED.
LOC: THROUGHOUT THE BUILDING
REF: BO 11320.1J, SECTION 4, PAR.B, SUB SECTION (1)
REC: SHOW CURRENT FLOOR PLAN WITH ADDITIONAL INFO. AS NEEDED.

Hazard: 002 Time: 14:30 Code: P1C

DSC: OCCUPANT NOT INSPECTING FIRE EXTINGUISHER ON MONTHLY BASIS.
LOC: THROUGHOUT THE BUILDING
REF: BO 11320.1J, SECTION 5, PAR. C
REC: ENSURE THAT THE DESIGNATED PERSON ACCOMPLISHES THIS TASK.

Hazard: 003 Time: 14:30 Code: L1F

DSC: DOOR HARDWARE DOES NOT MEET LIFE SAFETY REQUIREMENTS.
LOC: CLEANING SUPPLIES ROOM
REF: NFPA 101, 5-2
REC: SUBMIT A REQUEST TO HAVE DOOR HARDWARE REPAIRED OR REPLACED.

azard: 004 Time: 14:30 Code: B1K

DSC: HOLES IN WALLS AND/OR CEILING.
LOC: DISH WASHING AREA
REF: F.P. HANDBOOK 7-15
REC: REPAIR HOLES TO PREVENT AVENUE FOR FIRE SPREAD.

azard: 005 Time: 14:30 Code: E1G

DSC: EXIT LIGHTS OUT OF SERVICE.
LOC: DINNING AREA
REF: NFPA 101, 5-10.1.4 NFPA 101, 5-10.3.6
REC: REPLACE BULBS (TO INCLUDE BACKUP BULBS) OR REPAIR UNIT IF REQUIRED.
ENSURE THAT BOTH AC/DC POWER TO LIGHT UNIT IS WORKING

zard: 006 Time: 14:30 Code: E1C

SC: IMPROPER USE OF EXTENSION CORD.
OC: MANAGERS OFFICE
EF: BO 11320.1J, ENCLOSURE 4, SECTION 8, PAR. I
EC: EXTENSION CORDS ARE FOR TEMPORARY USE ONLY. REMOVE CORD.

zard: 007 Time: 14:30 Code: I5I

SC: NOTE: WITHIN 5 DAYS INDICATE ACTION TAKEN & RECORD ALL W/O # ON REPORT
OR ON ATTACHED PAPER. DEFICIENCIES TO BE CORRECTED WITHIN 30 DAYS
OC:
EF: BO 11320.1J,6E REQUIRES "IMMEDIATE ATTENTION" TO A FIRE INSP. REPORT
EC: RETURN REPORT TO NEAREST FIRE STATION, FIRE HEADQUARTERS, FIRE
PREVENTION SECTION, TELEPHONE # 451-7105 OR FAX 451-5976. THANK YOU
INSPECTOR BENEFIELD

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| BOR3 5207-02 | ☐ YES ☐ NO | 10-25-02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Ra | 10-25 | | JC | 03 — 10891 |
| 20 | | | | Shop |
| Dorsey | | | | |
| | | | | |
| 12 | | 10/30/02 | RR | to Shop 41 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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 RAM
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: MH9 Mr Rhewbert
2. REQUEST NO.: B053/5207-02
3. TO: Base Maintenace
4. DATE OF REQUEST: 10/24/02
5. REQUEST FOR: ☐ COST ESTIMATE ☐ PERFORMANCE OF WORK
5a. REQUEST WORK START: ASAP
6. FOR FURTHER INFORMATION CALL: 457-1471 RW
7. SKETCH/PLAN ATTACHED: ☐ YES ☐ NO
8. DESCRIPTION OF WORK AND JUSTIFICATION *(Including location, type, size, quantity, etc.)*

Ceiling Tiles Falling out of Ceiling or stained. Need to be replaced. Missing in scullery. Roof leaks in scullery and causing tile to get wet. (This is a big safety issue of employees or marines)

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

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

63-1089

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

2002 OCT 23 PM 2 19
PUBLIC WORKS DIV
WORK RECEPTION

**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

*(See Part IV on Reverse Side)*

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

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MH9 Mr Rhewberf
2. REQUEST NO.: B053/5207-02
3. TO: Base Maintenace
4. DATE OF REQUEST: 10/24/02
5. REQUEST FOR: [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK
5a. REQUEST WORK START: ASAP
6. FOR FURTHER INFORMATION CALL: 457-1471
7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Ceiling Tiles Falling out of Ceiling or stained. Need to be Replaced. Missing in scullery. Roof leaks in scullery and causing tile to get wet. (This is a big safety issue of employees or marines)

9. FUNDS CHARGEABLE
10. SIGNATURE (Requesting Official): [signature]

2002 OCT 23 PM 2 19
PUBLIC WORKS DIV
WORK RECEPTION

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

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| Labor | |
| Material | |
| Overhead and/or Surcharge | |
| Equipment Rental/Usage | |
| Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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)

TO

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

SIGNATURE
22. DATE

(See Part IV on Reverse Side)

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

Base Food Service Of
MCB, Camp Lejeune
APPROVED RAH
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

03-10887

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MH9 Mr Rheubert

2. REQUEST NO. B053/ 5212-02

3. TO: Base Maintenance

4. DATE OF REQUEST: 10/24/02

5. REQUEST FOR: [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK

5a. REQUEST WORK START: ASAP

6. FOR FURTHER INFORMATION CALL: 451-1421

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

Salad Bar on Fast Food Line well not turn off. Also Door on Beverage side well not stay shut.

(This is a safety and a cost issue of machinery)

(el)

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*

2002 OCT 23 PM 2 18
PUBLIC WORKS DIV
WORK RECEPTION

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

**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 RAH
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

03-10886

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MH 9 Mr. Rhuber

2. REQUEST NO.: B053/5210-02

3. TO: Base Maintenance

4. DATE OF REQUEST: 10/24/02

5. REQUEST FOR: [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK

5a. REQUEST WORK START: ASAP

6. FOR FURTHER INFORMATION CALL: 451-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

Center door on scullery machine sticks

(This is a big safety issue)

61 galley

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.

2002 OCT 23 PM 2 20
PUBLIC WORKS DIV
WORK RECEPTION

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

**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 RKH
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

03-10885

## PART 1—REQUEST (Filled out by Requestor)

1. FROM: MH 9 Mr Rheubert

2. REQUEST NO.: B053/5203-02

3. TO: Base Maintenance

4. DATE OF REQUEST: 10/24/02

5. REQUEST FOR: ☐ COST ESTIMATE ☐ PERFORMANCE OF WORK

5a. REQUEST WORK START: ASAP

6. FOR FURTHER INFORMATION CALL: 451- ~~[illegible]~~ 1471

7. SKETCH/PLAN ATTACHED: ☐ YES ☐ NO

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

Fast Food Hot well on salad Bar well not turn off

61 gallon

(This is a safety Issue and a cost Issue)

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 | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

2002 OCT 23 PM 2 19
PUBLIC WORKS DIV
WORK RECEPTION

## 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

*(See Part IV on Reverse Side)*

**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 RKH
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

03-10882

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: MH9 MR Rhewbert

2. REQUEST NO.: B053/5206-02

3. TO: BASE MAINTENANCE

4. DATE OF REQUEST: 10/24/02

5. REQUEST FOR: ☐ COST ESTIMATE ☐ PERFORMANCE OF WORK

5a. REQUEST WORK START: ASAP

6. FOR FURTHER INFORMATION CALL: 451-1741

7. SKETCH/PLAN ATTACHED: ☐ YES ☐ NO

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

SERVING LINE ON LINE II LEAKS AND ALSO WHEN STEAM IS TURNED ON IT LEAKS AND SPLASHES WATER OUT OF WELL.

(This is A big Safety Issue)

6'

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Tony Rhewbert

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

2002 OCT 23 PM 2 19
PUBLIC WORKS DIV
WORK RECEPTION

**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

*(See Part IV on Reverse Side)*

Base Food Service Office
MCB, Camp Lejeune
APPROVED RAH
DISAPPROVED

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

*PW Department see instructions in NAVFAC MO-321*

03-10889

*Requestor see instructions on Reverse Side*

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: MH9 Mr Rheubert
2. REQUEST NO.: B0531 5215-02
3. TO: Base Maintenance
4. DATE OF REQUEST: 10/24/02
5. REQUEST FOR: [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK
5a. REQUEST WORK START: ASAP
6. FOR FURTHER INFORMATION CALL: 451-1421
7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION *(Including location, type, size, quantity, etc.)*

Hobart oven won't work Bottom left

(Need this for cooking)

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 | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

2002 OCT 23 PM 2 21
PUBLIC WORKS DIV
WORK RECEPTION

**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

*(See Part IV on Reverse Side)*

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

Base Food Service Off
MCB, Camp Lejeune
APPROVED RKH
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

03-10888

**PART 1—REQUEST (Filled out by Requestor)**

1. FROM: MH 9 Mr Rhubert

2. REQUEST NO.: B053/5211-02

3. TO: Base Maintenance

4. DATE OF REQUEST: 10/24/02

5. REQUEST FOR: [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK

5a. REQUEST WORK START: ASAP

6. FOR FURTHER INFORMATION CALL: 457-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

Rinse solution on dishwasher is not working properly. This is a really big sanitation issue

6/ galley

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*

2002 OCT 23 PM 2 18
PUBLIC WORKS DIV
WORK RECEPTION

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

**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 | RKH |
| DISAPPROVED | |

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

03-10890

## PART 1---REQUEST (Filled out by Requestor)

1. FROM: MH 9 Mr Rheubert

2. REQUEST NO.: B053/5205-02

3. TO: BASE MAINTENANCE

4. DATE OF REQUEST: 10/24/02

5. REQUEST FOR: [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK

5a. REQUEST WORK START: ASAP

6. FOR FURTHER INFORMATION CALL: 457-1471

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

SANDWICH WARMER ON SNACKLINE SOMETIMES DOES NOT WORK. NEEDS NEW DIAL & SWITCHES

(THIS IS A FOOD SANITATION REQUIREMENT)

GALLEY

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 | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

2002 OCT 23 PM 2 19
PUBLIC WORKS DIV
WORK RECEPTION

## 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

*(See Part IV on Reverse Side)*

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| 8053 V118-02 | ☐ YES ☐ NO | 7-19-02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| | | | | |
| Rcv | 7/19 | | JR | 02-156123 |
| RK | 7/25 | | | W166MS |
| Doris | | 7/25 | ncw | |
| 12 | 9/6 | | LHO | Tic # 02-156123 To Install Fans - |
| | | | | WC # 41 ELT |
| | | | | Tic # 02-174692 To Prime Vendor |
| | | | | To Purchase Fans. |

(8) Mars Air Door

Mod # Standard 38 - 1/2" LH

V 115/230

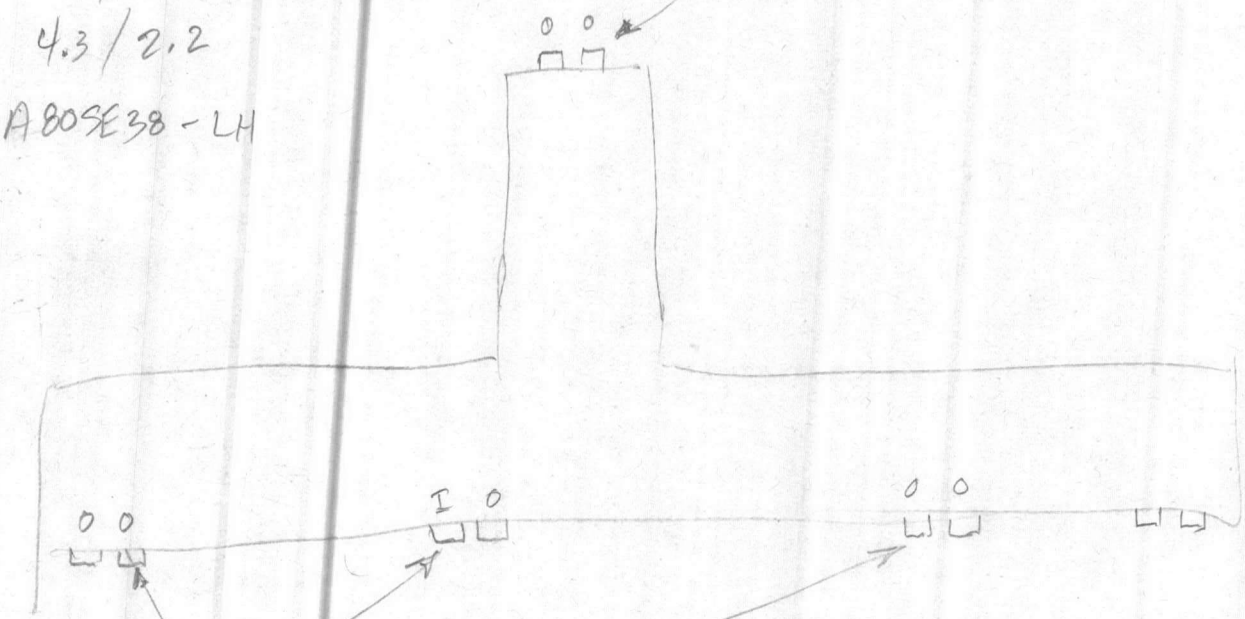
A 4.3/2.2

A80SE38-LH

(2) Dayton Air Curtain 36"

Mod # 3C668

Rusty/Noisy




Units Are Rusty/
Deflectors Missing/Bent

I = Inoperative
O = Operates

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED

*Requestor see instructions on Reverse Side*

5118-02

**PART 1---REQUEST (Filled out by Requestor)**

1. FROM: Messhall MGR, MH #9

2. REQUEST NO.: B-053

3. TO: MCB Maintenence office

4. DATE OF REQUEST: 7-11-02

5. REQUEST FOR: [ ] COST ESTIMATE [✓] PERFORMANCE OF WORK

5a. REQUEST WORK START: 7-15-02

6. FOR FURTHER INFORMATION CALL: Ms Wilson / Mr Vaughn 451 3600/3495

7. SKETCH/PLAN ATTACHED: [ ] YES [✓] NO

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

Request that (10) Ten fly Fans (air curtains) located at Entrances/Exits of Building be replaced or repaired.

Justification: insect control/sanitation

Reviewed

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Tamatt Vaughn

2002 JUL 19 A 10: 03
HRSC EAST

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUESTS NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5147-02 | ☐ YES ☐ NO | 8/7/02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rd | 8/8 | | | 02-164273 |
| Smp | | | | Shop |
| Dassor | | | | |
| | | | | |
| 12 | | 8/20/02 | | to Shop 41 |

**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 RAH
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

1. FROM: Manager, Messhall 9

2. REQUEST NO.: 5147-02

3. TO: Maintanance Officer MCB, CLNC

4. DATE OF REQUEST: 8/6/02

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 8/8/02

6. FOR FURTHER INFORMATION CALL: Mrs. Virginia Wilson 451-3600

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

Review

EXTEND RAIL GUARD IN BUSSING CART ALCOVE – TO PREVENT BUSSING CARTS FROM DAMAGING WALL TILES THAT HAVE HAD TO BE REPEATEDLY REPLACED. JUSTIFICATION:- UPKEEP OF GOVERNMENT PROPERTY

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Virginia Wilson

**PART II---COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

02-164273

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 RAM
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

## PART 1---REQUEST (Filled out by Requestor)

1. FROM: MANAGER, MESS HALL 9

2. REQUEST NO.: 5147-02

3. TO: Maintanance Officer MCB, CLNC

4. DATE OF REQUEST: 8/6/02

5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK

5a. REQUEST WORK START: 8/8/02

6. FOR FURTHER INFORMATION CALL: Mrs. Virginia Wilson 451-3600

7. SKETCH/PLAN ATTACHED: ☐ YES ☒ NO

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

EXTEND RAIL GUARD IN BUSSING CART ALCOVE – TO PREVENT BUSSING CARTS FROM DAMAGING WALL TILES THAT HAVE HAD TO BE REPEATEDLY REPLACED. JUSTIFICATION:– UPKEEP OF GOVERNMENT PROPERTY

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)* Virginia Wilson

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| 8/3 V145-02 | ☐ YES ☐ NO | 8/7/02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rev | 8/8 | | | 02-164276 Smal |
| Inspector | | | | |
| Dassd | | | | |
| | | | | |
| Cx | | 8/20/02 | | No work Required |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED RA4

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

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

1. FROM: MANAGER, MESS HALL 9.
2. REQUEST NO.: 5145-02
3. TO: Maintanance Officer MCB, CLNC
4. DATE OF REQUEST: 8/6/02
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 8/8/02
6. FOR FURTHER INFORMATION CALL: Mrs. Virginia Wilson 451-3600
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

REPLACE ALL CEILING TILES IN THE GALLEY THAT HAVE DISCOLORED TO A YELLOWISH/BROWN

Review

JUSTIFICATION:- UPKEEP OF GOVERNMENT PROPERTY

9. FUNDS CHARGEABLE
10. SIGNATURE *(Requesting Official)*: Virginia Wilson

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

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

16276

WORK REQUEST (MAINTENANCE MANAGEMENT)

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

Shop 41 has the ticket

Base Food Service Office
MCB, Camp Lejeune
APPROVED

02-164413

PW Department see instructions in NAVFAC MO-321

Requestor see instructions on Reverse Side

B-053

## PART 1---REQUEST (Filled out by Requestor)

1. FROM: MANAGER, MESS HALL 9

2. REQUEST NO.: 5146-02

3. TO: Maintanance Officer MCB CLNC

4. DATE OF REQUEST: 8/6/02

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 8/8/02

6. FOR FURTHER INFORMATION CALL: Mrs. Virginia Wilson 451-3600

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

REPLACE BROKEN & MISSING TILES IN THE BACK MEN'S & LADIES BATHROOM.

Check for duplicate

JUSTIFICATION:- UPKEEP OF GOVERNMENT PROPERTY.

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Virginia Wilson

## PART II---COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

Base Food Service Office-
MCB, Camp Lejeune
APPROVED RKH
DISAPPROVED

B053

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

*PW Department see instructions in NAVFAC MO-321*

02-164113

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

1. FROM: MANAGER, MESS HALL 9
2. REQUEST NO.: 5146-02
3. TO: Maintanance Office- MCB CLNC
4. DATE OF REQUEST: 8/6/02
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 8/8/02
6. FOR FURTHER INFORMATION CALL: Mrs. Virginia Wilson 451-3600
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

REPLACE BROKEN & MISSING TILES IN THE BACK MEN'S & LADIES BATHROOM.

41

JUSTIFICATION:- UPKEEP OF GOVERNMENT PROPERTY.

9. FUNDS CHARGEABLE
10. SIGNATURE *(Requesting Official)*: Virginia Wilson

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

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

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 RKH
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

## PART 1---REQUEST (Filled out by Requestor)

1. FROM: MANAGER, MESS HALL 9

2. REQUEST NO.: 5146-02

3. TO: Maintanance Office MCB CLNC

4. DATE OF REQUEST: 8/6/02

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 8/8/02

6. FOR FURTHER INFORMATION CALL: Mrs. Virginia Wilson 451-3600

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

REPLACE BROKEN & MISSING TILES IN THE BACK MEN'S & LADIES BATHROOM.

JUSTIFICATION:- UPKEEP OF GOVERNMENT PROPERTY.

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Virginia Wilson

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

Base Food Service Off
MCB, Camp Lejeune
APPROVED RHR
DISAPPROVED

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

02-164115

**PART 1---REQUEST (Filled out by Requestor)**

1. FROM: MANAGER, MESSHALL 9.

2. REQUEST NO.: 5144-02

3. TO: Maintanance Officer MCB, CLNC

4. DATE OF REQUEST: 8/6/02

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 8/8/02

6. FOR FURTHER INFORMATION CALL: Mrs. Virginia Wilson 451-3600

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

REPLACE TWO SCREWS TO METAL WALL GUARD IN THE SCULLERY. 63

JUSTIFICATION: UPKEEP OF GOVERNMENT PROPERTY.

9. FUNDS CHARGEABLE

10A. SIGNATURE *(Requesting Official)*: Virginia Wilson

**PART II---COST ESTIMATE**

(Filled out by Maintenance Control Division if estimate requested)

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

Base Food S[illegible]e Office
MCB, Camp Lejeune
APPROVED RKH
DISAPPROVED

PW Department see instructions in NAVFAC MO-321

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 (REV. 2/94 (EFI)) (New S/N number pending)

*Requestor see instructions on Reverse Side*

## PART 1---REQUEST (Filled out by Requestor)

1. FROM: MANAGER, MESSHALL 9.
2. REQUEST NO.: 5144-02
3. TO: Maintanance Officer MCB, CLNC
4. DATE OF REQUEST: 8/6/02
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 8/8/02
6. FOR FURTHER INFORMATION CALL: Mrs. Virginia Wilson 451-3600
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION *(Including location, type, size, quantity, etc.)*

REPLACE TWO SCREWS TO METAL WALL GUARD IN THE SCULLERY.

JUSTIFICATION: UPKEEP OF GOVERNMENT PROPERTY.

9. FUNDS CHARGEABLE
10A. SIGNATURE *(Requesting Official)*: Virginia Wilson

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

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| 6053<br>5141-02 | ☐ YES ☒ NO | 30 July 02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Review | 30 July | | | MAXIMO 02-160543 |
| | | | | Email Jim Sickles |

Base Food Service Office
MCB, Camp Lejeune
APPROVED ✓ CA
DISAPPROVED

02-160543

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

B-053

1. FROM: MANAGER, MESS HALL 9

2. REQUEST NO.: 5741-02

3. TO: MAINTENANCE OFFICER BASE FOOD SERVICES, MCB, CLNC

4. DATE OF REQUEST: 7/30/02

5. REQUEST FOR: ☐ COST ESTIMATE ☐ PERFORMANCE OF WORK

5a. REQUEST WORK START: 7/30/02

6. FOR FURTHER INFORMATION CALL: MRS WILSON 451-3600

7. SKETCH/PLAN ATTACHED: ☐ YES ☐ NO

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

IT IS REQUESTED THAT THE AIR-CONDITIONING BE TURNED AT 0400 HRS VICE 0600 HRS.

JUSTIFICATION: EXCESS FROST ALSO ACCUMULATES IN MAIN FREEZER DUE TO HIGH HUMIDITY

SAFETY: TO PREVENT PATRONS FROM WET FLOORS — CAUSED BY HIGH HUMIDITY OVERNIGHT. DOORS OPEN AT 0600 HRS AND IT TAKES TIME FOR THE DECKS TO DRY AND FOR WORKERS TO WORK IN COMFORTABLE CONDITIONS TOO.

REVIEW ON

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Virginia Z Wilson

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

## Johnson GS04 Allea D

**From:** Guthrie GS09 Deborah B
**Sent:** Monday, August 05, 2002 10:11 AM
**To:** Johnson GS04 Allea D
**Subject:** FW: AC

ALLEA; ATTACH THIS EMAIL TO THE REQ ON MY DESK AND COMPLETE OUT W/NOTE
THANKS
DEBBIE

-----Original Message-----
**From:** Sides GS12 James C
**Sent:** Monday, August 05, 2002 10:10 AM
**To:** Guthrie GS09 Deborah B; Mull WL10 Paul T
**Subject:** RE: AC

Debbie and Tommy,

Messhall 9 has been scheduled to turn on at 0400 for some time. The manager insists that it turns on at 0600. I have set the HVAC to turn on at 0200. Please check and see if it turns on at 0400 tomorrow. If so, we have a time difference somewhere, but at least it will satisfy their needs and we can then figure out the difference.

Thanks!

Jim

-----Original Message-----
**From:** Guthrie GS09 Deborah B
**Sent:** Wednesday, July 31, 2002 12:36 PM
**To:** Sides GS12 James C
**Subject:** RE: AC

thanks. POC Mrs. Wilson 451-3600. Let me know so I can put some action on this request.
Debbie

-----Original Message-----
**From:** Sides GS12 James C
**Sent:** Wednesday, July 31, 2002 12:34 PM
**To:** Guthrie GS09 Deborah B
**Cc:** Mull WL10 Paul T
**Subject:** RE: AC

Debbie,

I spoke with Scott Williams a week ago about this. SiteNet is showing a scheduled start time of 0400. I asked him for some feedback if was not working. I have not heard from him. Is there a POC at the Messhall? I would like to talk to them to find out what is really happening. I may can experiment a little and find out what the problem is.

Jim

-----Original Message-----
**From:** Guthrie GS09 Deborah B
**Sent:** Tuesday, July 30, 2002 2:13 PM
**To:** Sides GS12 James C
**Subject:** AC

JIM;
WE REC'D A REQ TO TURN ON AC IN MESSHALL 9 EVERYDAY AT 0400 VICE 0600. DO WE DO THIS?
PLS ADVISE
THANKS

9

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5142-02 | ☐ YES ☑ NO | 30 July 02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Review | 30 July | | | MAXIMO 02-160542 |
| JMD | 30 Jul | | | Shop |
| Garess | | | | |
| | | | | |
| | | | | |
| | | | | |
| 20 | | | | Closed Out - Fans are |
| | | | | working Properly Per |
| | | | | Our Inspection - JMD |
| | | | | Butt G 08-13-02 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

02-160542

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

*Requestor see instructions on Reverse Side*

B-05-3

**PART 1---REQUEST (Filled out by Requestor)**

1. FROM: MANAGER, MESSHALL 9

2. REQUEST NO.: S142-02

3. TO: MAINTENANCE OFFICER BASE FOOD SERVICE, MCB, CLNC

4. DATE OF REQUEST: 7/30/02

5. REQUEST FOR: [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK

5a. REQUEST WORK START: 8/1/02

6. FOR FURTHER INFORMATION CALL: MRS. WILSON 451-3600

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

IT IS REQUESTED THAT A LARGER EXHAUST FAN BE INSTALLED IN THE SCULLERY - THE EXISTING FAN DOES NOTHING TO KEEP THE SCULLERY COOL WHEN WORKERS ARE IN THERE - TEMPERATURES EXCEED 100° IN THERE. THE STEAM/HUMIDITY JUST LINGERS THERE.
JUSTIFICATION:- SAFETY/UPKEEP OF MESSHALL.

Review

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Virginia Z Wilson

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

WORK REQUEST (MAINTENANCE MANAGEMENT)

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

PW Department see instructions in NAVFAC MO-321

Base Food Service Office
MCB, Camp Lejeune
APPROVED

Requestor see instructions on Reverse Side

B-05-3

## PART I---REQUEST (Filled out by Requestor)

1. FROM: MANAGER, MESSHALL 9

2. REQUEST NO.: 5142-02

3. TO: MAINTENANCE OFFICER BASE FOOD SERVICE, MCB CLNC

4. DATE OF REQUEST: 7/30/02

5. REQUEST FOR: [ ] COST ESTIMATE [ ] PERFORMANCE OF WORK

5a. REQUEST WORK START: 8/1/02

6. FOR FURTHER INFORMATION CALL: MRS. WILSON 451-3600

7. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

IT IS REQUESTED THAT A LARGER EXHAUST FAN BE INSTALLED IN THE SCULLERY - THE EXISTING FAN DOES NOTHING TO KEEP THE SCULLERY COOL WHEN WORKERS ARE IN THERE - TEMPERATURES EXCEED 100° IN THERE. THE STEAM/HUMIDITY JUST LINGERS THERE.
JUSTIFICATION:- SAFETY/UPKEEP OF MESSHALL.

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official): Virginia Z Wilson

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

(See Part IV on Reverse Side)

## Whaley WG11 Jonathan B

**From:** Shoemaker GS12 Gregory L
**Sent:** Thursday, August 08, 2002 2:10 PM
**To:** Whaley WG11 Jonathan B
**Subject:** RE: MESS 9.. TIC 02-160542..REQUESTING LARGER FAN

see me ..shoe

-----Original Message-----
**From:** Whaley WG11 Jonathan B
**Sent:** Thursday, August 08, 2002 8:54 AM
**To:** Shoemaker GS12 Gregory L
**Cc:** Garriss WG11 Carlton B; Wiggins WD08 Nathan C
**Subject:** MESS 9.. TIC 02-160542..REQUESTING LARGER FAN

Shoe....What say yee,They are asking for a larger exhaust fan in the scullery.Multi volt and I went by and discovered the existing fan is working,seems to have a pretty good draw from our inspection.I was talking with Na-Than and we agreed there could be a belt that needs tighting or maybe some maintance work on the fan which could possible give them more CFM'S.Do you want to take this to shop 41 or 53,or cc. I think there's been some contraversy in the shops in the past who works on the fans....Thank you.

Jon

## Whaley WG11 Jonathan B

**From:** Shoemaker GS12 Gregory L
**Sent:** Tuesday, August 13, 2002 4:29 PM
**To:** Whaley WG11 Jonathan B
**Subject:** RE: MESS 9.. TIC 02-160542..REQUESTING LARGER FAN

If they are working like a champ, then don't change nothing.. Who ask for the change anyway...shoe

-----Original Message-----
**From:** Whaley WG11 Jonathan B
**Sent:** Tuesday, August 13, 2002 4:23 PM
**To:** Shoemaker GS12 Gregory L
**Subject:** FW: MESS 9.. TIC 02-160542..REQUESTING LARGER FAN

Shoe,Britt and I took another look at these fans.We don't see any problem.They were working like a champ...What say yee.

Jon

**From:** Shoemaker GS12 Gregory L
**Sent:** Thursday, August 08, 2002 2:10 PM
**To:** Whaley WG11 Jonathan B
**Subject:** RE: MESS 9.. TIC 02-160542..REQUESTING LARGER FAN

see me ..shoe

-----Original Message-----
**From:** Whaley WG11 Jonathan B
**Sent:** Thursday, August 08, 2002 8:54 AM
**To:** Shoemaker GS12 Gregory L
**Cc:** Garriss WG11 Carlton B; Wiggins WD08 Nathan C
**Subject:** MESS 9.. TIC 02-160542..REQUESTING LARGER FAN

Shoe....What say yee,They are asking for a larger exhaust fan in the scullery.Multi volt and I went by and discovered the existing fan is working,seems to have a pretty good draw from our inspection.I was talking with Na-Than and we agreed there could be a belt that needs tighting or maybe some maintance work on the fan which could possible give them more CFM'S.Do you want to take this to shop 41 or 53,or cc. I think there's been some contraversy in the shops in the past who works on the fans....Thank you.

Jon

9

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| 6053<br>5143-02 | ☐ YES ☒ NO | 30 July 02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Review | 30 July | | | MAXIMO 02-160540 |
| Imp | 30 July | | | |
| Dessa | | | | |
| | | | | |
| 12 | | 8/2/02 | | to Shop 63 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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
DISAPPROVED
*Requestor see instructions on Reverse Side*

***PW Department see instructions in NAVFAC MO-321***

## PART 1---REQUEST (Filled out by Requestor)

B-053

1. FROM: MANAGER, MESSHALL 9
2. REQUEST NO.: 5143-02
3. TO: MAINTENANCE OFFICE BASE FOOD SERVICE, MCB, CLNC
4. DATE OF REQUEST: 7/30/02
5. REQUEST FOR: ☐ COST ESTIMATE ☐ PERFORMANCE OF WORK
5a. REQUEST WORK START: 8/1/02
6. FOR FURTHER INFORMATION CALL: MRS. WILSON 451-3600
7. SKETCH/PLAN ATTACHED: ☐ YES ☐ NO

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

IT IS REQUESTED THAT A VENTILATED COVER BE INSTALLED OVER THE MOTOR OF THE MAIN LINE PASTRY BAR.
29 3/4"W X 26 5/8"h
REVIEW
JUSTIFICATION: UPKEEP OF MESSHALL / SAFETY.
02-160540

02-0230
CAD

9. FUNDS CHARGEABLE
10. SIGNATURE *(Requesting Official)* Virginia Z Wilson

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

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| BAS 5719-02 | ☐ YES ☐ NO | 7-19-02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rev | 7/19 | | JR | 02-1576126 |
| | | | | |
| ONC | 7/23 | | PRM | NEW WORK |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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 ✓ CA

*Requestor see instructions on Reverse Side*

*PW Department see instructions in NAVFAC MO-321*

## PART 1---REQUEST (Filled out by Requestor)

S 119-02

| | |
|---|---|
| 1. FROM: Messhall MGR, MH #9 | 2. REQUEST NO. B-053 |
| 3. TO: MCB Maintenence Officer | 4. DATE OF REQUEST 7-11-002 |
| 5. REQUEST FOR ☐ COST ESTIMATE ☑ PERFORMANCE OF WORK | 5a. REQUEST WORK START 7-15-002 |
| 6. FOR FURTHER INFORMATION CALL: Ms Wilson/Mr Vaughn 451 3600/3495 | 7. SKETCH/PLAN ATTACHED ☐ YES ☑ NO |

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

Request that 2 Flouresecent light fixtures be installed under canapy Hanging over the Fast Food Beverage & Salad bars!

Review

Justification: iluminate Area for cleaning/safety.

020719 CA 1025

HRS/AST 2002 JUL 19 A 10:03

9. FUNDS CHARGEABLE: OR 1576126

10. SIGNATURE *(Requesting Official)*: Arnott Henry

## PART II---COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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)* NEW WORK (R1)

16. SIGNATURE: CAPT

17. DATE: 7/23/02

## 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

*(See Part IV on Reverse Side)*

**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 ✓ CA

*Requestor see instructions on Reverse Side*

*PW Department see instructions in NAVFAC MO-321*

**PART 1---REQUEST (Filled out by Requestor)**

J 119-02

1. FROM: Messhall MGR, MH #9

2. REQUEST NO.: B-053

3. TO: MCB maintenence officer

4. DATE OF REQUEST: 7-11-002

5. REQUEST FOR: ☐ COST ESTIMATE ☑ PERFORMANCE OF WORK

5a. REQUEST WORK START: 7-15-002

6. FOR FURTHER INFORMATION CALL: Ms Wilson/Mr Vaughn 451 3600/3495

7. SKETCH/PLAN ATTACHED: ☐ YES ☑ NO

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

Request that 2 Flouerescent light fixtures be installed under canapy Hanging over the Fast Food Beverage & Salad bars!

Justification: iluminate Area for cleaning/safety

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)* Arnold Vaughn

2002 JUL 19 A 10:03 HQ EAST

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

# Work Order Ticket **EMERGENCY WORK** Shop: 45

| | | | | |
|---|---|---|---|---|
| **Work Order:** | 02-159348 | File | **Status:** | INPRG |
| **POC:** | DUTY MGR VIRGINIA | | **Report Date:** | 26-JUL-2002 11:19 AM |
| **Phone:** | 451-3600 | | **Respond By:** | 26-JUL-2002 07:19 PM |
| **Entered By:** | LUMLEYRL | | **Target Comp Date:** | |

**Service Requested:** NEED LOCK RPRD PER CAPT HARMON
No additional information available.

**Building/Location:** 9 **Bldg Descrip:** EM DINING FAC
**Equipment #:** **Equip Descrip:**
**Actual Location:** DOOR SANCK LINE SIDE
**PM #:** **Job Plan #:**

**Assigned To:** **Supervisor:** STAUTERLR **Craft:** LOCK

**FINANCIAL INFORMATION**

| For ISD Use Only | For SSC Use Only |
|---|---|
| JON: CLS1 | SA223CLS12345T |
| 02-159348 | 159348 |

**Ensure all lock-out/tag-out procedures are followed, wear proper PPE, and review MSDS as required.**

**Job Started:** _____ **Job Completed:** _____ **Units:** _____

| Name | Date | Start1 | Stop1 | Date | Start2 | Stop2 | Date | Start3 | Stop3 | Date | Start4 | Stop4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

Note: USE AS WRITTEN WORK REQUEST: PER CAPT HARMON OPS OFFICER

**Work Remarks (continue on back if needed):**
MAXIMO — 02-159348

**Customer Acceptance:**

**Signature:** _____ **Date:** _____

**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 ✓ LA
DISAPPROVED

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

02-152592

## PART 1—REQUEST (Filled out by Requestor)

B-053

1. FROM: Base Food Service

2. REQUEST NO.: 5112-02

3. TO: Base Maintenance

4. DATE OF REQUEST: 020711

5. REQUEST FOR: ☐ COST ESTIMATE ☑ PERFORMANCE OF WORK

5a. REQUEST WORK START: ASAP

6. FOR FURTHER INFORMATION CALL: Mrs. Wilson 451-3600

7. SKETCH/PLAN ATTACHED: ☐ YES ☑ NO

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

Location: Mess Hall 9, managers office.

45

020711

Problem: need to get into safe.

Justification: Money that is in safe need to be turned in.

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Marie C. Michael

## PART II—COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| c. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9 Tues 4 3

22 I sch

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 J084-02 | ☐ YES ☐ NO | 6-21-02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| Rev | 6/21 | | | 02-146642 |
| Insp | | 6/26 | | out to Insp |
| Parker | | | | |
| | | | | |
| 13 | | | MLP | tie sent to shop 4 Parker |

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 (REV. 2/94 (EF)) **(New S/N number pending)**

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

BOS3

1. FROM: Messhall Manager MH 9

2. REQUEST NO.: 5084-02

3. TO: Maintenance Officer MCB, CLNC

4. DATE OF REQUEST: 6-14-02

5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK

5a. REQUEST WORK START: 6-17-02

6. FOR FURTHER INFORMATION CALL: Mrs. V. Wilson

7. SKETCH/PLAN ATTACHED: ☐ YES ☒ NO

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

Tiles on walls in main mess need To be replaced.

146642

insp Rev.

Justification: upKeep

0930 6 JUN 02

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)*: Virginia Zuber

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

NAVFAC 9-11014/20 (REV. 2/94 (EF)) **(New S/N number pending)**

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

*Requestor see instructions on Reverse Side*

## PART 1---REQUEST (Filled out by Requestor)

BOS-3

1. FROM: Messhall Manager MH 9

2. REQUEST NO.: S-OS-02

3. TO: Maintenance Officer MCB, CLNC

4. DATE OF REQUEST: 6-14-02

5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK

5a. REQUEST WORK START: 6-17-02

6. FOR FURTHER INFORMATION CALL: Mrs V. Wilson 451-3600

7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO

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

Door To steam serving line needs To be welded back on. stainless steele.

63 02-146649

Justification: Safety + up Keep

0430 020621 SA

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)* Virginia Zahka

## PART II---COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

*Requestor see instructions on Reverse Side*

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

B053

| | |
|---|---|
| 1. FROM: Messhall Manager MH9 | 2. REQUEST NO. 5086-00 |
| 3. TO: Maintenance Officer MCB, CLNC | 4. DATE OF REQUEST 6-14-02 |
| 5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK | 5a. REQUEST WORK START 6-17-02 |
| 6. FOR FURTHER INFORMATION CALL: Mrs V. Wilson 451-3600 | 7. SKETCH/PLAN ATTACHED ☐ YES ☒ NO |

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

Front Doors To messhall do not close and lock properly.

45 02-1440052

Justification: Security + up Keep

0990
0960
15

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)* Virginia Wilson

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

# WORK REQUEST ROUTING SLIP

MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| B053 5033-02 | ☐ YES ☐ NO | 5-20-02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| | | | | |
| Rev | 5/20 | | | 02-136956 |
| JMSP | | | | |
| Raynor | | | NER | This work was accomplished on |
| | | | | a cc Bay with Jay Ammon |
| | | | | Drywall and Painting, Cost 4000 |
| cc | | | | |

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

020520
1000
LA

*PW Department see instructions in NAVFAC MO-321*

*Requestor see instructions on Reverse Side*

Public Works Service Office
MCB, Camp Lejeune
APPROVED / LA
DISAPPROVED

B-053

**PART 1---REQUEST (Filled out by Requestor)**

1. FROM: Messhall Manager MH 9
2. REQUEST NO.: 5033-02
3. TO: Maintanence Officer MCB, CLNC
4. DATE OF REQUEST: 5-15-02
5. REQUEST FOR: [ ] COST ESTIMATE [X] PERFORMANCE OF WORK
5a. REQUEST WORK START: 5-17-02
6. FOR FURTHER INFORMATION CALL: Mrs. V. Wilson 451-3600
7. SKETCH/PLAN ATTACHED: [ ] YES [X] NO
8. DESCRIPTION OF WORK AND JUSTIFICATION *(Including location, type, size, quantity, etc.)*

Fill cracks and holes in walls and paint the walls in the G.I. house. Problem with pest in building, see attached copy.

Review

Justification: up Keep of the messhall

9. FUNDS CHARGEABLE
10. SIGNATURE *(Requesting Official)*: Virginia Z Wilson

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

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED: [ ] YES [ ] NO

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

*(See Part IV on Reverse Side)*

X36956

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| R053 V235-02 | ☐ YES ☐ NO | 5-20-02 |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| | | | | |
| REV | 5/20 | | | 02-136981 |
| P&E | | | | John Yankosky |
| John | | 5/21 | | |
| | | 5/21 | | immediately |
| | 5/21 | | | |

020520
1000
CB

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

B-053

| | |
|---|---|
| 1. FROM<br>Messhall Manager MH 9 | 2. REQUEST NO.<br>5035-02 |
| 3. TO<br>Maintanence Officer, MCB, CLNC | 4. DATE OF REQUEST<br>5-15-02 |
| 5. REQUEST FOR ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK | 5a. REQUEST WORK START<br>5-17-02 |
| 6. FOR FURTHER INFORMATION CALL<br>Mrs. V. Wilson - 451-3600 | 7. SKETCH/PLAN ATTACHED ☐ YES ☒ NO |

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

Tiles on wall's need To be repaired, galley, messdeck scullery, pot shack.

Review

Justification: upkeep of The messhall

| | |
|---|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE *(Requesting Official)* Virginia Wilson |

**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 | | 15. |
| b. Material | | ☐ APPROVED PROGRAMMING TO START IN _____ |
| C. Overhead and/or Surcharge | | ☐ APPROVED PROGRAMMING TO START IN _____ |
| d. Equipment Rental/Usage | | PROGRAMMING TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. |
| e. Contingency | | ☐ 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)* ☐ NAVCOMPT 140 ☐ OTHER | 20. WORK REQUESTED ☐ HAS BEEN CANCELLED ☐ HAS BEEN DEFERRED ☐ WILL BE PERFORMED BY OTHERS |
| 21. SIGNATURE | 22. DATE |

*(See Part IV on Reverse Side)*

**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
APPROVED

*Requestor see instructions on Reverse Side*

LP 020580 10:00

*PW Department see instructions in NAVFAC MO-321*

**PART 1---REQUEST (Filled out by Requestor)** B-053

| | |
|---|---|
| 1. FROM: Messhall Manager MH 9 | 2. REQUEST NO. 5039-02 |
| 3. TO: Maintanence Officer MCB, CLNC | 4. DATE OF REQUEST 5-15-02 |
| 5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK | 5a. REQUEST WORK START 5-17-02 |
| 6. FOR FURTHER INFORMATION CALL: Mrs. V. Wilson 451-3600 | 7. SKETCH/PLAN ATTACHED ☐ YES ☒ NO |

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

Drain pipe under beverage bar on M/L messdeck needs to be capped off, to keep it from going on the deck.

Justification: Keep from damaging beverage Bar

| | |
|---|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE *(Requesting Official)* Virginia Z Wilson |

**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 | | 15. ☐ APPROVED PROGRAMMING TO START IN _____ |
| b. Material | | ☐ 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 | | ☐ 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)* ☐ NAVCOMPT 140 ☐ OTHER | 20. WORK REQUESTED ☐ HAS BEEN CANCELLED ☐ HAS BEEN DEFERRED ☐ WILL BE PERFORMED BY OTHERS |
| 21. SIGNATURE | 22. DATE |

*(See Part IV on Reverse Side)*

02-136911

**WORK REQUEST (MAINTENANCE MANAGEMENT)**

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

0205 20
1000

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED
LD

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

B-053

| | |
|---|---|
| 1. FROM: Messhall Manager MH 9 | 2. REQUEST NO.: 5038-02 |
| 3. TO: Maintanance Officer MCB CLNC | 4. DATE OF REQUEST: 5-15-02 |
| 5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK | 5a. REQUEST WORK START: 5-17-02 |
| 6. FOR FURTHER INFORMATION CALL: Mrs. V. Wilson 451-3600 | 7. SKETCH/PLAN ATTACHED: ☐ YES ☒ NO |

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

All sneeze guards need to be replaced on both serving lines, They are cracked.

43

02-136934

Justification: Safety, glass could break

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)* Virginia Wilson

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

020520

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

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

B-053

| | |
|---|---|
| 1. FROM: Messhall Manager MH 9 | 2. REQUEST NO.: 5037-02 |
| 3. TO: Maintanance Officer MCB CLNC | 4. DATE OF REQUEST: 5-15-02 |
| 5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK | 5a. REQUEST WORK START: 5-17-02 |
| 6. FOR FURTHER INFORMATION CALL: Mrs. V. Wilson 451-3600 | 7. SKETCH/PLAN ATTACHED: ☐ YES ☒ NO |

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

Glass shelf on pastry bar needs to be replaced, it is cracked.

43 136977

Justification: safety, glass could break

9. FUNDS CHARGEABLE

10. SIGNATURE *(Requesting Official)* Virginia Z Wilson

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

11. TO

12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

020520
1000

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

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED
DISAPPROVED

*Requestor see instructions on Reverse Side*

**PART 1---REQUEST (Filled out by Requestor)**

B-053

| | |
|---|---|
| 1. FROM: Messhall Manager MH 9 | 2. REQUEST NO.: 5036-02 |
| 3. TO: Maintanence Officer, MCB, CLNC | 4. DATE OF REQUEST: 5-15-02 |
| 5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK | 5a. REQUEST WORK START: 5-17-02 |
| 6. FOR FURTHER INFORMATION CALL: Mrs. V. Wilson 451-3600 | 7. SKETCH/PLAN ATTACHED: ☐ YES ☒ NO |

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

A cover needs To be put on Two reefer's on Fast Food side, To cover motor's and fans.

53/2 136979

Justification; Sanitation

| | |
|---|---|
| 9. FUNDS CHARGEABLE | 10. SIGNATURE *(Requesting Official)* Virginia Z Wilson |

**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 | | 15. |
| b. Material | | ☐ APPROVED PROGRAMMING TO START IN _____ |
| C. Overhead and/or Surcharge | | ☐ APPROVED PROGRAMMING TO START IN _____ |
| d. Equipment Rental/Usage | | PROGRAMMING TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. |
| e. Contingency | | ☐ 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)* ☐ NAVCOMPT 140 ☐ OTHER | 20. WORK REQUESTED ☐ HAS BEEN CANCELLED ☐ HAS BEEN DEFERRED ☐ WILL BE PERFORMED BY OTHERS |
| 21. SIGNATURE | 22. DATE |

*(See Part IV on Reverse Side)*

020520
1000
LA

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

*PW Department see instructions in NAVFAC MO-321*

Base Food Service Office
MCB, Camp Lejeune
APPROVED ✓ LA

*Requestor see instructions on Reverse Side*

## PART 1---REQUEST (Filled out by Requestor)

B-053

1. FROM: Messhall Manager MH 9
2. REQUEST NO.: S034-02
3. TO: MAINTENANCE OFFICER, MCB, CLNC
4. DATE OF REQUEST: 5-15-02
5. REQUEST FOR: ☐ COST ESTIMATE ☒ PERFORMANCE OF WORK
5a. REQUEST WORK START: 5-17-02
6. FOR FURTHER INFORMATION CALL: Mrs. V. Wilson - 451-3600
7. SKETCH/PLAN ATTACHED: ☐ YES ☒ NO

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

Replace metal guard on wall in scullery.

63

136982

Justification: up Keep of The messhall

9. FUNDS CHARGEABLE
10. SIGNATURE *(Requesting Official)* Virginia Wilson

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

11. TO
12. ESTIMATE NO.

| 13. COST ESTIMATE | |
|---|---|
| a. Labor | |
| b. Material | |
| C. Overhead and/or Surcharge | |
| d. Equipment Rental/Usage | |
| e. Contingency | |
| f. Total | |

14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

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

*(See Part IV on Reverse Side)*

TAB PLACEMENT HERE

DESCRIPTION:

Contract

Data

☒ Tab page did not contain hand written information

☐ Tab page contained hand written information
*Scanned as next image

TAB PLACEMENT HERE

DESCRIPTION:

T.O. Pending

☑ Tab page did not contain hand written information

☐ Tab page contained hand written information
*Scanned as next image

BASE MAINTENANCE JOB ORDER

| FY | AG/SAG | REQ. CODE | REQUEST # | DIST. DATE - BY | FACILITY # |
|---|---|---|---|---|---|
| 02 | | B053 | 5118-02 | 9/10/02 | 9 |

| AAC | FA | WC | FC | OC/SOC | CAC | BRC | JN/LU | RON | RBC |
|---|---|---|---|---|---|---|---|---|---|
| M67001 | 23 | 20 | RP | 2607 | EJBO | | CLM1 | | |

| WGC | TYPE OF WORK | PROJECT # | SKETCH | PLAN | PRIME VENDOR |
|---|---|---|---|---|---|
| | M1 | | | | |

FOR FURTHER INFORMATION CONTACT: HAROLD DAVIS x451-0874

GENERAL JOB DESCRIPTION: PURCHASE (10) AIR CURTAIN FANS

PURCHASE (10) MARS MODEL # 38CH AIR DOOR CURTAINS
120 VOLT, 1-PHASE, 1/2 HP MOTOR
PLASTIC HOUSING, 38" LONG w/ ADJUSTABLE LOUVERS

START DATE: 21 9 02 COMPLETE BY: COMPLETION DATE:

PHASE SEQUENCE DB SUMMARY OF ESTIMATES

| PHASE NO. | WORK CTR | EST HRS | SHEET NO. | WORK CTR | LABOR COST | MATERIAL COST | OVERHEAD & PROFIT | TOTAL COST |
|---|---|---|---|---|---|---|---|---|
| 1 | 20 | | | | | 5150.00 | 721.00 | 5871.00 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | TOTALS | | 5150 | 721 | $5,871.00 |

CONTINUED ON SH _0_ THRU _0_

PREPARED BY: HAROLD DAVIS DATE: 09/04/02 **TICKET #** 02-174692

REVIEWED BY: A. Muhammad

AUTHORIZED BY: [illegible] DATE: 9/9/02

SHEET 1 OF 2

# *SCOPE OF WORK*

**SOURCE OF SUPPLY** JOHNSTONE SUPPLY
110 BRYNN MARR ROAD
JACKSONVILLE, NC 28546
POC: JAMES RAYNOR PHONE: 989-0800/ FAX: 989-0802

## DETAILED JOB DESCRIPTION

PURCHASE (10) MARS MODEL # 38CH AIR CURTAIN FANS
120 VOLT, 1-PHASE, 1/2 HP MOTOR
PLASTIC HOUSING, 38" LONG w/ ADJUSTABLE LOUVERSBLDG 9 DINING FACILITY

□

**REQUEST #** 5118-02 **REQUEST #** **TICKET #** 02-174692

**SHEET 2 OF 2**

BASE MAINTENANCE JOB ORDER

| FY 01 | AG/SAG | REQ. CODE | | REQUEST # PM # 183A-01 | | DIST. DATE - BY 6-29-01 | | FACILITY # MESS HALL 9 | |
|---|---|---|---|---|---|---|---|---|---|
| AAC M67001 | FA 23 | WC | FC | OC/SOC | CAC | BRC | JN/LU EBHO | RON | RBC |
| WGC | TYPE OF WORK REPAIR | | PROJECT # | | SKETCH | PLAN | SPECIAL INSTRUCTIONS CYCLIC MAINTENANCE | | |

FOR FURTHER INFORMATION CONTACT: JOHN YANKOSKY 451-0877 **TICKET #** 01-49641

GENERAL JOB DESCRIPTION: MISC. STRUCTURAL, ELECTRICAL, MECHANICAL, & PLUMBING REPAIRS TO ALL ROOMS AND PUBLIC AREAS

**FOR ENTRY INTO BUILDING CONTACT:**

START DATE: 8/20/01 NEED MATERIAL BY: 8/13/01

START DATE: COMPLETE BY: COMPLETION DATE: 8/17/01

PHASE SEQUENCE SUMMARY OF ESTIMATES

| PHASE NO. | WORK CTR | EST HRS | SHEET NO. | WORK CTR | LABOR HRS | LABOR COST | MATERIAL COST | TOTAL COST |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| 1 | 41 CG MECHAN | 12 | | 41CG MECHAN | 12 | $ 253 | | $ 253 |
| 2 | 41CG ELEC | 12 | | 41CG ELEC | 12 | $ 253 | | $ 253 |
| 3 | 41CG STRUCT | 12 | | 41CG STRUCT | 12 | $ 253 | | $ 253 |
| | | | | | | | $ 755 | $ 755 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | TOTALS | 36 | 759 | 755 | $ 1,514 |

CONTINUED ON SH _0_ THRU _0_

PREPARED BY: JOHN YANKOSKY DATE: 06/28/01

REVIEWED BY:

AUTHORIZED BY: [signature] DATE: 6/28/01

SHEET _1_ 0F _17_

*** PHASE DESCRIPTIONS ***

| CRAFT/PHASE | JOB/IFS | WORK CENTER | CRAFT NAME | BLDG/ FACILITY | EST HOURS |
|---|---|---|---|---|---|
| 1 | 1/1 | 41CG | COMPANY CONCEPT CARPENTER | BLDG 9 | 162 |

MISC STRUCTURAL, ELECTRICAL, MECHANICAL, & PLUMBING REPAIRS TO ALL ROOMS AND COMMON AREAS AS PER INSPECTION REPORT.

*** TOTAL NUMBER OF PHASES ARE *** 1

*** THE LAST PHASE HAS BEEN PRINTED ***

2

EPS JOB: 9

DATE: 01/06/28 *** FEJE - DETAILED ESTIMATES *** PAGE: 1

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 9 PHASE NO: 1 IFS PHASE NO: 1
ACCOUNT CODE NUMBER: B048 DATE CREATED: 01/06/28
PREPARED BY: JOHN YANKOSKY DELIVERY DATE: 01/08/13
JOB ORDER NUMBER: DELIVER MATERIALS TO: 41CG

---

1

MCN-NSN: 6210-00-TLM-NP240 UNIT OF ISSUE: EA SOURCE OF SUPPLY: CRA
QUANTITY: 6 UNIT COST: 50.20 TOTAL COST: 301.20
LOCATION:
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.
S/S LONGLEY, 455-3311, GENE
S/S WILMINGTON, 1-800-672-0434
.
.
.

SOS TOTAL COST: $301.20

*** CONTINUED ON PAGE 2 ***

W

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/28
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 41CG

---

2

MCN-NSN: 4510-BU-TTO-FAUCO UNIT OF ISSUE: SE SOURCE OF SUPPLY: FER
QUANTITY: 1 UNIT COST: 3.00 TOTAL COST: 3.00
LOCATION:
DESCRIPTION: FAUCET, BUTTON SET FOR HOT & COLD WATER
S/S FERGUSONS, 353-9088
PART # PF141344PK, PROFLO HOT & COLD BUTTON SET
.
.
.

SOS TOTAL COST: $3.00

*** CONTINUED ON PAGE 3 ***

h

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 9 PHASE NO: 1 IFS PHASE NO: 1
ACCOUNT CODE NUMBER: B048 DATE CREATED: 01/06/28
PREPARED BY: JOHN YANKOSKY DELIVERY DATE: 01/08/13
JOB ORDER NUMBER: DELIVER MATERIALS TO: 41CG

---

3

MCN-NSN: 5640-ME-SSH-ALL00 UNIT OF ISSUE: BX SOURCE OF SUPPLY: JKS
QUANTITY: 3 UNIT COST: 46.80 TOTAL COST: 140.40
LOCATION:
DESCRIPTION: TILE, CEILING 2 X2 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
.
.
.

SOS TOTAL COST: $140.40

*** CONTINUED ON PAGE 4 ***

5

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/28
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 41CG

---

4

MCN-NSN: 4510-00-C00-29990 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 2 UNIT COST: 34.00 TOTAL COST: 68.00
LOCATION:
DESCRIPTION: FAUCET, LAVATORY CAST BRASS, 4" CENTERS W/POPUP DRAIN,
PROFLO PART # PFLL1012A, DO NOT SUBSITUTE
WAREHOUSE PURCHASES THESE FROM FERGUSONS.
REPLACEMENT PARTS ARE PROFLO OR DELTA.
S/S FERGUSONS, 910-353-9088
PART # PFLL1012A
.
.
.

5

MCN-NSN: 5640-00-C00-57320 UNIT OF ISSUE: BX SOURCE OF SUPPLY: LOC
QUANTITY: 1 UNIT COST: 21.00 TOTAL COST: 21.00
LOCATION:
DESCRIPTION: TILE, CEILING, 2' X 4' X 5/8", ACOUSTICAL, FISSURED
STYLE, PAINTED WHITE FINISH, MINERAL FIRE RESISTANT.
562 US GYPSUM.
.
.
.

6

MCN-NSN: 5935-01-012-30800 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 10 UNIT COST: 1.87 TOTAL COST: 18.70
LOCATION:
DESCRIPTION: RECEPTACLE, DUPLEX.
.
.
.

7

MCN-NSN: 5975-00-682-05590 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 10 UNIT COST: .59 TOTAL COST: 5.90
LOCATION:
DESCRIPTION: PLATE,WALL, ELEC, 1 GANG, OUTLET TYPE, STAINLESS
STEEL, SATIN FINISH, P/N 97101 (BRYANT)
S/S WILMINTON ELECTRIC,JOHN VALENZUELA,1-800-672-0434
PART # SS1, STAINLESS STEEL SINGLE GANG PLATE,(RECEP)
.
.
.

*** CONTINUED ON PAGE 5 ***

9

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/28
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 41CG

---

8

MCN-NSN: 5975-00-682-05610 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 10 UNIT COST: .92 TOTAL COST: 9.20
LOCATION:
DESCRIPTION: PLATE, WALL, ELECTRIC, 1 GNGMTGGL SWITCH TYP, STNLSS
STL, SATIN FINISH.
SINGLE SWITCH COVER
.
.
.

9

MCN-NSN: 6240-01-004-31070 UNIT OF ISSUE: BX SOURCE OF SUPPLY: LOC
QUANTITY: 3 UNIT COST: 34.20 TOTAL COST: 102.60
LOCATION:
DESCRIPTION: LAMP, FLOUR, MED BIPIN, T-12 BULB, COOL WHITE 35W,
T-BULB STYLE, 48" LONG. 30 PER BOX.
.
.
.

SOS TOTAL COST: $225.40

*** CONTINUED ON PAGE 6 ***

V

WORK REQUEST NUMBER: 9 PHASE NO: 1 IFS PHASE NO: 1
ACCOUNT CODE NUMBER: B048 DATE CREATED: 01/06/28
PREPARED BY: JOHN YANKOSKY DELIVERY DATE: 01/08/13
JOB ORDER NUMBER: DELIVER MATERIALS TO: 41CG

---

10

MCN-NSN: 4510-HA-NDL-KIT00 UNIT OF ISSUE: EA SOURCE OF SUPPLY: PAL
QUANTITY: 3 UNIT COST: 2.64 TOTAL COST: 7.92
LOCATION:
DESCRIPTION: KIT, HANDLE SLOAN/ZURN REPAIR KIT FOR TOILET
S/S PALMETTO PARTS, 1-800-830-0426
PART # P063-13
.
.
.

11

MCN-NSN: 4510-P1-050-51000 UNIT OF ISSUE: EA SOURCE OF SUPPLY: PAL
QUANTITY: 3 UNIT COST: 12.03 TOTAL COST: 36.09
LOCATION:
DESCRIPTION: SHOWER HEAD, NEW TYPE FOR HP-51, WITH RUBBER INSERT HEADS
S/S PALMETTO, 1-800-830-0426
PART # P105-051
.
.
.

12

MCN-NSN: 4510-SL-OAN-KIT00 UNIT OF ISSUE: EA SOURCE OF SUPPLY: PAL
QUANTITY: 2 UNIT COST: 13.85 TOTAL COST: 27.70
LOCATION:
DESCRIPTION: KIT FOR SLOAN FLUSH VALVE, TOILET
KIT INCLUDED DROP IN KIT FOR VALVE AND FLUSH HANDLE
S/S PALMETTO, 1-800-830-0426
PART # P063-08
.
.
.

SOS TOTAL COST: $71.71

*** CONTINUED ON PAGE 7 ***

9

(14)

*** FEJE - STOCK/CATALOG MAINTENANCE SYSTEM ***

MODIFY ITEM

MCN-NSN: 1000-30-X10-GRIL0
SHORT DESCRIPTION: GRILLE, 30 X 10,RETURN
LONG DESCRIPTION: GRILL 30 X 10 RETURN FOR DOOR VENT
S/S IHRIE SUPPLY 1-800-277-0188
PART # RH45 (SA), 30" X 10"
.
.
.

QUANTITY
2 ea

$56

UNIT OF ISSUE: EA SOURCE OF SUPPLY: IHR UNIT
COST: 28.00

(M) SAVE MODIFICATIONS (L) EXIT WITHOUT SAVING
MODIFICATIONS

94

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/28
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 41CG

---

13

MCN-NSN: 4510-01-C00-19530 UNIT OF ISSUE: EA SOURCE OF SUPPLY: WAR
QUANTITY: 4 UNIT COST: 3.29 TOTAL COST: 13.16
LOCATION:
DESCRIPTION: SUPPLY LINE, 1/2 X 3/8 X 20
1/2"IPS X 3/8" COMPRESSION X 20" LONG
FOR SINK CONNECTION
PALMETTO PART # P109-03, FERGUSONS ALSO CARRIES THIS
.
.
.

SOS TOTAL COST: $13.16

PHASE TOTAL COST: $754.87

6

DISCREPANCIES FOR MESS HALL BLDG 9

**CIVILIAN CONTRACTOR OFFICE**

1. 4 FT FLUORESCENT LAMPS
2. 2 X 2 CEILING TILE (3 EA)

**MESS HALL MANAGER**

**FRONT OFFICE**

**SNACK LINE MESS DECK**

**SNACK LINE**

**NCO MESS DECK**

**WOMEN'S HEAD**

1. REPLACE FAUCET

**MEN'S HEAD**

1. FAUCET AERATOR

**MAIN LINE**

1. SECURE 4 FT LIGHT FIXTURE

BLDG 9

**TROOP DECK**

1. REPLACE DAMAGED/SOILED CEILING TILE

**MAIN LINE SERVING AREA**

1. REPLACE DAMAGED 2 X 4 CEILING TILE.

**GALLEY**

1. REPAIR FLUORESCENT LIGHTS (2 EA)
2. REPLACE MISSING/DAMAGED 4 FT VAPOR LIGHT LENS

**SCULLERY**

1. REPLACE MISSING/DAMAGED 4 FT LENS

**POT SHACK**

1. REPLACE DAMAGED/MISSING

**MINOR PROPERTY**

**SALAD PREP ROOM**

1. REPLACE 2 X 4 CEILING TILE.

**SUBSTANCE OFFICE**

## BLDG 9

**HALLWAY**

1. REPLACE 4 FT VAPOR PROOF LENS

**GI HUT**

1. REPAIR WALL PLASTER

**WOMEN'S HEAD**

1. INSTALL INDICATOR BUTTONS ON FAUCET
2. FLUSH HANDLE LEAKS ON TOILET

**MEN'S HEAD**

1. REPAIR URINAL FLUSH VALVE
2. REPLACE 2 EA SHOWER HEAD

**STORE ROOM**

1. REPAIR HOLE IN WALL BY ENTRANCE DOOR.

| CSI | Item Description for BLDG 9 | Takeoff Quantity | Unit | Mat Total |
|---|---|---|---|---|
| **01** | **General Requirements** | | | |
| 01520500 | WORK TRAILER, SET UP | | each | |
| 01832350 | TIME ALLOWED FOR SECURING TOOLS DAILY | | DAYS | |
| 01832350 | TIME ALLOWED FOR CLEANUP PER ROOM | | ROOM | |
| 01832350 | ESTIMATED TIME FOR GOING IN ROOMS WITH NO IDENTIFIED DESCR. | | ROOM | |
| 01832350 | ESTIMATED TIME FOR REPAIRS ON BLDG WITH NO INSPECTION | | ROOM | |
| 01832350 | TIME ALLOWED FOR DOCUMENTING REQUIRED REPAIRS IN ROOM | | UNITS | |
| 01832350 | TIME ALLOWED FOR MECHANICAL REPAIRS | 16.0 | UNITS | |
| 01832350 | TIME ALLOWED FOR ELECTRICAL REPAIRS | 16.0 | UNITS | |
| 01832350 | TIME ALLOWED FOR STRUCTURAL REPAIRS. | 16.0 | UNITS | |
| **ıents Total** | **General Requirements Total** | | | |
| **06** | **Wood & Plastics** | | | |
| 06110530 | Framing joists, 2x8,mout/bolt concrete, sec dryers | | each | |
| **stics Total** | **Wood & Plastics Total** | | | |
| **08** | **Doors & Windows** | | | |
| 08710340 | Doorstops, kick down pad, replace | | each | |
| 08710340 | Door stop, holder, wall mounted with hook and bumper | | each | |
| 08710340 | Pull handle, install, passageway door | | each | |
| 08710340 | Door stop, kick down, mounted on door | | each | |
| 08710400 | Lock, bathroom, passageway/ replace | | each | |
| 08710400 | Passageway door, lock set, repair | | each | |
| 08720800 | Threshold, install new | | each | |
| 08720800 | Cover, drain, install on drain | | each | |
| 08720800 | Vanity, cabinet hinges, secure | | each | |
| 08720800 | Vanity, cabinet door, replace | | each | |
| 08720800 | Vanity, cabinet door secure | | each | |
| 08720800 | Vanity, cabinet hinges, replace | | each | |
| 08720800 | Wall locker, repair | | each | |
| 08720800 | Window, spray frosted tint to secure vision. | | each | |
| 08720800 | Tile, ceramic around shower drain | | each | |
| 08720800 | Tile, floor tile replace | | each | |
| 08720800 | Window, lock replace | | each | |
| 08720800 | Drip cap, secure | | each | |
| 08720800 | Threshold, secure, existing unit | | each | |
| **ows Total** | **Doors & Windows Total** | | | |
| **09** | **Finishes** | | | |
| 09510700 | Tile, ceiling, remove ceiling fan & replace ceiling tile | | each | |
| 09510700 | Tile, ceiling tile splein 2 x 2 ft | | each | |
| 09510700 | Tile, ceiling 2 x 4' replace | | each | |
| 09510700 | Tile, celing tile splein 1 x 4 ft | | each | |
| 09510700 | Tile,ceiling, 2 x 2, replace | | each | |
| **ishes 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, toliet paper roller. | | each | |



13

| CSI | Item Description for BLDG 9 | Takeoff Quantity | Unit | Mat Total |
|---|---|---|---|---|
| 10820100 | Bathroom accessories, toilet paper holder, install new | | each | |
| 10820100 | Bathroom accessories, towel bar, stainless steel, 18" long | | each | |
| 10820100 | Bathroom accessories, towel hook, secure | | each | |
| 10820100 | Bathroom accesssories, coat hook, install | | each | |
| 10820100 | Bathroom accessories, towel bar, stainless steel, 30" long | | each | |
| 10820100 | Bathroom accessories, towel bar install, 24" | | each | |
| 10820100 | Bathroom accessories, toilet partition, secure | | each | |
| 10820100 | Bathroom accessories, tumbler holder, soap, tumbler & toothbrush | | each | |
| alties Total | | Specialties Total | | |
| 12 | Furnishings | | | |
| 12493200 | Drapery hardware, tray & curtain rod, adjustable, 30" to 48" | | each | |
| ings Total | | Furnishings Total | | |
| 15 | Mechanical | | | |
| 15410300 | Facuet, 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 | P trap, repair leak | | each | |
| 15410300 | Vanity, replace,cabinet,top,faucet, supply lines & trap | | each | |
| 15410300 | Faucets stem, room repair | | each | |
| 15410300 | Faucet, repair, deep sink | | each | |
| 15410300 | Faucet, replace, deep sink | | each | |
| 15410300 | Faucet, replace, room | | each | |
| 15410300 | Faucet, pop, remove/repair | | each | |
| 15418450 | Lavatories, W/trim, vanity top, cultured marb, 37" x 22", sgl bowl | | each | |
| 15418500 | Shower head, replace | | each | |
| 15418500 | eschutcheon, at shower head, replace | | each | |
| 15418500 | Eschutcheon, shower valve, secure | | each | |
| 15418500 | Shower head, remove institutional style, install pipe & new shower head | | each | |
| 15418500 | Valve, shower valve, remove/repair/replace stem | | each | |
| 15830100 | Fan ,exhaust, repair, rattle noise | | each | |
| 15850500 | grille, ac return filter grille, install | | each | |
| 15850500 | Panel, AC access, secure | | each | |
| nical 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,fluor light | | each | |
| 16140910 | Switch, double/light | | each | |
| 16140910 | Recepticle, replace | | each | |
| 16140910 | Recepticle, secure recepticle & cover | | each | |
| 16140910 | GFI, replace | | each | |
| 16140910 | Cover, recep/gfi/switch, replace | | each | |
| 16510440 | Fixture, interior, 3ft fluor, replace | | each | |
| 16510440 | Fixture, interior, 2 ft fluor, replace | | each | |
| 16510440 | Ballast, replace 2,3, &4 ft fluorescent light | | each | |
| 16510440 | Fixture, exterior, harris light, remov.exis&instal new. | | each | |
| 16510440 | Lens, cover, harris light, head/replace | | each | |
| 16510440 | Lens, fluorescent, 3ft, replace | | each | |



(14)

| CSI | Item Description for BLDG 9 | Takeoff Quantity | Unit | Mat Total |
|---|---|---|---|---|
| 16510440 | Lens, fluorescent, 2 ft,replace | | each | |
| 16510440 | Lens, fluorescent, 4ft 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, replace cover | | each | |
| 16530320 | Fan, exhaust/room, replace | | each | |
| 16530320 | Emer lt units,btry operated,twin sealed bm lt,25 W,6 V ea,lead btry | | each | |
| 16585600 | Lamps, "U" tubes, lounge | | each | |
| 16585600 | Lamps, incadescent | | each | |
| 16585600 | Lamps, 7 watt for harris fixture head/exterior security | | each | |
| 16585600 | Lamps, fluor, exterior, security, 7watt | | each | |
| 16585600 | Lamps, fluorescent, 2 ft, replace | | each | |
| 16585600 | Lamps, fluroescent, 4 ft, replace | | each | |
| 16585600 | Lamps, fluorescent, 3ft, replace | | each | |
| 16585600 | Lamps, 4 & 8' located on 10ft+ceilings | | each | |
| 16585600 | Lamps, incadescent, red/night lights. | | each | |
| trical Total | Electrical Total | | | |
| 07 | Conveying | | | |
| 07121019 | H) clean and adjust proximity devices on door. | | each | |
| eying Total | Conveying Total | | | |
| 08 | Mechanical | | | |
| 08110900 | Door saver, instal, | | each | |
| 08110900 | Closure, door, remove | | each | |
| 08110900 | Door hardwar, replace | | each | |
| 08110900 | Sink, secrure & caulk | | each | |
| 08110900 | Closure, door, repair | | each | |
| 08110900 | Install new hinge | | sets | |
| 08110900 | Vanity/caulk, repair formica | | 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 | |
| nical Total | Mechanical Total | | | |
| 09 | (Unassigned) | | | |
| 09310100 | Install new tiles | | sqft | |
| 09310100 | Tile, ceramic, replace | | sqft | |
| 09310100 | Ceiling, repair, paster/sheetrock | | sqft | |
| gned) Total | (Unassigned) Total | | | |
| 15 | (Unassigned) | | | |
| 15410100 | Valve, toilet, rebuild to repair leak/spud/flush vlv | | each | |
| 15410100 | Valve, toilet, replace spud & vacuum breaker | | each | |
| 15410100 | Valve, toilet, replace handle repair kit, toilet wont flush | | each | |
| 15410100 | Drain, sink,repair leak | | each | |
| 15410100 | Drain, shower, unclog | | each | |
| 15410100 | Drain, sink, unclog | | each | |
| 15410100 | Valve, toilet, adjust water, long/short flush | | each | |
| 15410100 | Valve, shower, rebuild/replace | | each | |



15

| CSI | Item Description for BLDG 9 | Takeoff Quantity | Unit | Mat Total |
|---|---|---|---|---|
| 15410100 | Valve, urinal rebuild | | each | |
| 15410100 | Flexer, toilet flush vlv, replace | | 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 | |

**gned) Total** **(Unassigned) Total**

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



16

Totals

6/28/01 11:26am

| Percent | Amount | Category for Bldg 9 | Hours | Job Cost Phase |
|---|---|---|---|---|
| 100.00 % | 1,411 | Labor | 48.0 | |
| | | Material | | |
| | | Subcontractor | | |
| | | Equipment | | |
| | | Other | | |
| | | User | | |
| | | | | |
| | 1,411 | Net Costs Subtotal | | |
| | 1,411 | Total Estimate | $0.00/item | |



17

Orig

BASE MAINTENANCE JOB ORDER

| FY 2000 | | REQ. CODE B053 | REQUEST # P3E1701 | DIST. DATE - BY 2/28/00 | FACILITY # 9 | |
|---|---|---|---|---|---|---|
| | TICKET # 55110 | WC | CAC | BRC | JN/LU EBHO | RON | RBC |
| WGC 05 | TYPE OF WORK M1 | PROJECT # | SKETCH N | PLAN Y | SPECIAL INSTRUCTIONS | | |

FOR FURTHER INFORMATION CONTACT: JON WHALEY x451-0879

GENERAL JOB DESCRIPTION:

PROCURE MATERIALS FOR AUTOMATIC TRANSFER SWITCH AND GENERATOR INSTALLATION. LABOR WILL BE ACCOMPLISHED BY CREDIT CARD BUY.

***NOTE:*** NOTIFY JON WHALEY WHEN MATERIALS ARE PROCURED.

R1 FUNDING POSITIONED IN FY99

NOTE: DO NOT EXCEED JOB COST WITHOUT PRIOR APPROVAL FROM MR. OGLESBY, 5032

START DATE: 13 Mar 00 COMPLETE BY: COMPLETION DATE: 10-20-00

PHASE SEQUENCE DBS SUMMARY OF ESTIMATES

| PHASE NO. | WORK CTR | EST HRS | SHEET NO. | WORK CTR | LABOR HRS | LABOR COST | MATERIAL COST | TOTAL COST |
|---|---|---|---|---|---|---|---|---|
| 1 | 20 | | | 20 | | | 6495 | 6495 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | TOTALS | | | 6495 | 6495 |

CONTINUED ON SH _0_ THRU _0_

PREPARED BY: H DAVIS DATE: 23 FEB ~~99~~ 00

REVIEWED BY:

AUTHORIZED BY: DATE: 23 Feb 00

SHEET _1_ OF _14_

EPS JOB: 9

DATE: 2/24/00 *** FEJE - DETAILED ESTIMATES *** PAGE: 1

*** PHASE SUMMARY SHEET ***

---

*** PHASE DESCRIPTIONS ***

| CRAFT/PHASE | JOB/IFS | WORK CENTER | CRAFT NAME | BLDG/ FACILITY | EST HOURS |
|---|---|---|---|---|---|
| 1 | 1/1 | 20 | CONTRACTS | | 0 |

PROCURE MATERIALS FOR GEN/ ATS INSTALLATION- LABOR WILL BE DONE WITH CC BUY.

*** TOTAL NUMBER OF PHASES ARE *** 1

*** THE LAST PHASE HAS BEEN PRINTED ***

Sh # 2

INSPECTION REPORT

ADMENDMENT TO JO#:

| AREA & FACILITY NO. | DATE: | INSPECTOR: |
|---|---|---|
| MESS HALL 5 | 091097 | J. WHALEY:ELECTRICAL |

| SHOP | DEFICIENCIES: |
|---|---|
| 20 | ORDER MATERIALS FOR THE INSTALLATION OF 1600 AMP AUTOMATIC TRANSFER SWITCH AND 500KW GENERATOR:"SEE ATTACHED MATERIAL LIST AND QUOTE" |
| | SPECIAL NOTE:THE LABOR WILL BE DONE BY CC BUY AFTER MATERIALS HAVE BEEN PURCHASED.CONTACT J.WHALEY 451 0679 AFTER MATERIALS HAVE ARRIVED SO A CC BUY CAN BE ARRANGED."CHECK WITH F&A TO SEE IF FUNDS HAVE BEEN RECEIVED FROM FOOD SERVICE TO DO WORK." |

SH #3

DATE: 00/02/24 EPS JOB NO: 9 PAGE: 1

FEJE PHASE NO: 1 IFS PHASE NO: 1

*** BILL OF MATERIALS ***

ACCOUNT CODE NUMBER:
PREPARED BY:
JOB ORDER NUMBER:

DATE CREATED: 00/02/22
DELIVERY DATE: 00 00 00
DELIVER MATERIALS TO:

| MCN-NSN | NOMENCLATURE | UI | U/COST | QTY | SOS | COST |
|---|---|---|---|---|---|---|
| 5340-01-155-72300 | GRD CLAMP 1 BOLT .75 ROD | EA | 3.94 | 1 | | 3.94 |
| 5935-NE-MA5-20000 | REC DUPLEX BROWN NEMA 5-20 | EA | 2.12 | 1 | | 2.12 |
| 5970-01-013-93660 | TAPE MARKING GREEN | RO | .86 | 1 | | .86 |
| 5970-01-013-93690 | TAPE MARKING RED | RO | 1.05 | 1 | | 1.05 |
| 5970-01-017-73880 | TAPE MARKING BLUE | RO | 1.52 | 1 | | 1.52 |
| 5970-01-023-01700 | TAPE MARKING WHITE | RO | 1.27 | 1 | | 1.27 |
| 5975-00-188-11640 | HANDY BOX COVER REC DUPLEX | EA | .19 | 1 | | .19 |
| 5975-00-284-58270 | HANDY BOX 2 1/8"D 1/2" KO' | EA | .65 | 1 | | .65 |
| 5975-00-BP#-33000 | BUSHING PLASTIC 4" | EA | 2.75 | 15 | | 41.25 |
| 5975-00-L/N-40000 | LOCKNUT 4" CONDUIT | EA | 1.91 | 15 | | 28.65 |
| 5975-00-RIG-3.500 | RIGID9 CONDUIT 3.50 | LG | 72.00 | 2 | | 144.00 |
| 5975-00-TAP-E#330 | TAPE ELECT SCOTCH 33 BLACK | RO | 3.39 | 10 | | 33.90 |
| 5975-4"-PVC-CND00 | PVC9 4" CONDUIT SCHEDULE 4 | LG | 9.96 | 14 | | 139.44 |
| 5975-75-LCK-NUT00 | LOCKNUT,CONDUIT 3/4" | EA | .15 | 4 | | .60 |
| 5975-BU-LUG-KA6U0 | LUG BURNDY 1-HOLE #14-#6 | EA | .64 | 1 | | .64 |
| 5975-CA-P#E-940N0 | PVC9 4" COUPLING | EA | 3.29 | 20 | | 65.80 |
| 5975-CA-P#E-943N0 | PVC9 4" ADAPTER MALE | EA | 2.56 | 16 | | 40.96 |
| 5975-CA-P#E-986N0 | PVC9 4" LB W/COVER | EA | 29.90 | 4 | | 119.60 |
| 5975-CA-P#U-A7AN0 | PVC9 4" ELBOW 45%, SCH 40 | EA | 25.61 | 2 | | 51.22 |
| 5975-CA-P#U-A9AN0 | PVC9 4" ELBOW 90 DEGREE | EA | 12.06 | 10 | | 120.60 |
| 5975-CA-RFL-EX200 | FLEX CARFLEX CONDUIT .75 | FT | .74 | 8 | | 5.92 |
| 5975-CA-RFL-EX210 | FLEX CARFLEX CONN ST .75 | EA | 1.63 | 2 | | 3.26 |
| 5975-CA-RL4-90070 | PVC2 CONDUIT .75 | LG | 1.80 | 20 | | 36.00 |
| 5975-CA-RLE-940E0 | PVC2 COUPLING .75 | EA | .38 | 6 | | 2.28 |
| 5975-CA-RLE-943E0 | PVC2 ADAPTER .75 M | EA | .63 | 4 | | 2.52 |
| 5975-CA-RLU-A9AE0 | PVC2 90 .75 | EA | 1.16 | 2 | | 2.32 |
| 5975-CA-ROL-T3410 | GRD ROD 3/4X10'COPPER | EA | 18.33 | 1 | | 18.33 |
| 5975-KK-4A3-6U4N0 | LUG BURNDY 4-HOLE #2-#600 | EA | 81.32 | 8 | | 650.56 |
| 5975-LU-GAM-S7500 | LUG BURNDY SPLI/RED 250-75 | EA | 27.08 | 12 | | 324.96 |
| 5975-MA-STI-CPAD0 | PAD INSULATED 6.5x4.5 | EA | 2.77 | 24 | | 66.48 |
| 5975-RA-CO#-96310 | PVC BOX SG W/1 .75 H FSE | EA | 3.21 | 1 | | 3.21 |
| 5975-RA-CO3-98010 | PVC BOX SG WP NO HUB 2 3/4 | EA | 4.00 | 1 | | 4.00 |
| 5975-SU-PRS-TRUT0 | CONDUIT CHANNEL 1 5/8" | LG | 17.34 | 4 | | 69.36 |
| 6145-00-129-93200 | #6 BARE COPPER, SOFT | FT | .16 | 6 | | .96 |
| 6145-00-173-66430 | #12 2 WHITE THHN SOLID | SL | 21.87 | 1 | | 21.87 |
| 6145-00-239-12450 | #12 3 BLACK THHN SOLID | CL | 24.53 | 1 | | 24.53 |
| 6145-00-239-13040 | #12 1 GREEN THHN SOLID | CL | 22.79 | 1 | | 22.79 |
| 6145-01-WIR-E5000 | #500MCM WIRE THHN BLACK ST | FT | 2.46 | 1800 | . | 4428.00 |
| 8040-00-PVC-GLUE0 | PVC GLUE, QUART | EA | 9.88 | 1 | | 9.88 |

TOTAL MATERIAL COST: $6495.49

*** END OF BOM SUMMARY ***

Sh#9

EPS JOB: 9

DATE: 00/02/24 *** FEJE - DETAILED ESTIMATES *** PAGE: 1

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 9 PHASE NO: 1 IFS PHASE NO: 1
ACCOUNT CODE NUMBER: DATE CREATED: 00/02/22
PREPARED BY: DELIVERY DATE: 00 00 00
JOB ORDER NUMBER: DELIVER MATERIALS TO:

---

MCN-NSN: 5340-01-155-72300 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 3.94 TOTAL COST: 3.94
LOCATION:
DESCRIPTION: CLAMP ROD GROUNDING ONE BOLT FOR 3/4" ROD.
BLACKBURN P/N G6
SS: CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

MCN-NSN: 5935-NE-MA5-20000 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 2.12 TOTAL COST: 2.12
LOCATION:
DESCRIPTION: RECEPTACLE NEMA 5-20 DUPLEX BROWN 120 VOLTS 20 AMPS.
EAGLE P/N CR20B
S/S LONGLEY SUPPLY JAX N.C. 455-3311
.
.
.

MCN-NSN: 5970-01-013-93660 UNIT OF ISSUE: RO SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: .86 TOTAL COST: .86
LOCATION:
DESCRIPTION: TAPE, MARKING, ELECTRICAL, GREEN
P# 35GRNS
SS-SHOP STORE
-
-
-

MCN-NSN: 5970-01-013-93690 UNIT OF ISSUE: RO SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 1.05 TOTAL COST: 1.05
LOCATION:
DESCRIPTION: TAPE, MARKING, ELECTRICAL, RED
P# 35REDS
SS-SHOP STORE
-
-
-

*** CONTINUED ON PAGE 2 ***

54 #5

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER:
PREPARED BY:
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 00/02/22
DELIVERY DATE: 00 00 00
DELIVER MATERIALS TO:

---

MCN-NSN: 5970-01-017-73880 UNIT OF ISSUE: RO SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 1.52 TOTAL COST: 1.52
LOCATION:
DESCRIPTION: TAPE, MARKING, ELECTRICAL, BLUE
P# 35BLUS
SS-SHOP STORE
-
-
-

MCN-NSN: 5970-01-023-01700 UNIT OF ISSUE: RO SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 1.27 TOTAL COST: 1.27
LOCATION:
DESCRIPTION: TAPE, MARKING, ELECTRICAL, WHITE
P# 35WHTS
SS-SHOP STORE
-
-
-

MCN-NSN: 5975-00-188-11640 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: .19 TOTAL COST: .19
LOCATION:
DESCRIPTION: COVER,HANDY BOX,DUPLEX RECEPTACLE
-
-
-

MCN-NSN: 5975-00-284-58270 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: .65 TOTAL COST: .65
LOCATION:
DESCRIPTION: HANDY BOX 4"X2 1/8" X 2 1/8"D WITH 1/2" KO'S,
RACO # 670
-
-
-

MCN-NSN: 5975-00-BP#-33000 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 15 UNIT COST: 2.75 TOTAL COST: 41.25
LOCATION:
DESCRIPTION: BUSHING, PLASTIC, 4"
BRIDGEPORT P/N 330
SS: CRAVEN ELECTRIC, JAX NC 353-4643
-
-
-

*** CONTINUED ON PAGE 3 ***

SH # 6

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER:
PREPARED BY:
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 00/02/22
DELIVERY DATE: 00 00 00
DELIVER MATERIALS TO:

---

MCN-NSN: 5975-00-L/N-40000 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 15 UNIT COST: 1.91 TOTAL COST: 28.65
LOCATION:
DESCRIPTION: LOCKNUT 4" CONDUIT STEEL CITY P/N LN110
SS: CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

MCN-NSN: 5975-00-RIG-3.500 UNIT OF ISSUE: LG SOURCE OF SUPPLY:
QUANTITY: 2 UNIT COST: 72.00 TOTAL COST: 144.00
LOCATION:
DESCRIPTION: CONDUIT, RIGID, STEEL, GAL, 3 1/2" DIA, 10' LENGTH
S/S CRAVEN ELECT
JAX, N.C. 353-4643
-
-
-

MCN-NSN: 5975-00-TAP-E#330 UNIT OF ISSUE: RO SOURCE OF SUPPLY:
QUANTITY: 10 UNIT COST: 3.39 TOTAL COST: 33.90
LOCATION:
DESCRIPTION: TAPE, ELECT, BLACK, 3/4"WIDE X 66" LONG
SCOTCH P# 33
SS-CRAVEN ELECT SUPPLY CO, 722 BELL FORK RD, JACKSONVILLE,
N.C. 28540, 353-4643
-
-
-

MCN-NSN: 5975-4"-PVC-CND00 UNIT OF ISSUE: LG SOURCE OF SUPPLY:
QUANTITY: 14 UNIT COST: 9.96 TOTAL COST: 139.44
LOCATION:
DESCRIPTION: CONDUIT, PVC, 4", SCHEDULE 40, 10' LENGTH
S/S-CRAVEN ELECT SUPPLY, 722 BELL FORK RD, JAX. N.C.
28540, 353-4643
-
-
-

*** CONTINUED ON PAGE 4 ***

SH#7

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER:
PREPARED BY:
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 00/02/22
DELIVERY DATE: 00 00 00
DELIVER MATERIALS TO:

---

MCN-NSN: 5975-75-LCK-NUT00 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 4 UNIT COST: .15 TOTAL COST: .60
LOCATION:
DESCRIPTION: LOCKNUT,CONDUIT 3/4" BRIDGEPORT # 102
SS LONGLEY
-
-
-

MCN-NSN: 5975-BU-LUG-KA6U0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: .64 TOTAL COST: .64
LOCATION:
DESCRIPTION: LUG BURNDY 1-HOLE AL/CU, 14-6 WIRE RANGE
BURNDY P/N KA6U
SS: CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

MCN-NSN: 5975-CA-P#E-940N0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 20 UNIT COST: 3.29 TOTAL COST: 65.80
LOCATION:
DESCRIPTION: COUPLING, CONDUIT, PVC, 4" SCHEDULE 40
CARLON P/N E940N
S/S-CRAVEN ELECT SUPPLY, 722 BELL FORK RD. JAX. N.C.
28540, 353-4643
-
-
-

MCN-NSN: 5975-CA-P#E-943N0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 16 UNIT COST: 2.56 TOTAL COST: 40.96
LOCATION:
DESCRIPTION: ADAPTER, CONDUIT, PVC, MALE, 4" SCHEDULE 40
CARLON P/N E943N
S/S-CRAVEN ELECT SUPPLY, 722 BELL FORK RD, JAX. N.C.
28540, 353-4643
-
-
-

*** CONTINUED ON PAGE 5 ***

8 #15

WORK REQUEST NUMBER: 9 PHASE NO: 1 IFS PHASE NO: 1
ACCOUNT CODE NUMBER: DATE CREATED: 00/02/22
PREPARED BY: DELIVERY DATE: 00 00 00
JOB ORDER NUMBER: DELIVER MATERIALS TO:

---

MCN-NSN: 5975-CA-P#E-986N0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 4 UNIT COST: 29.90 TOTAL COST: 119.60
LOCATION:
DESCRIPTION: PVC LB W/COVER, 4" SCHEDULE 40
CARLON P/N E986N
SS: CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

MCN-NSN: 5975-CA-P#U-A7AN0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 2 UNIT COST: 25.61 TOTAL COST: 51.22
LOCATION:
DESCRIPTION: PVC9 4" ELBOW 45%, SCH 40
CARLON P/N UA7AN
SS: CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

MCN-NSN: 5975-CA-P#U-A9AN0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 10 UNIT COST: 12.06 TOTAL COST: 120.60
LOCATION:
DESCRIPTION: ELBOW, CONDUIT, PVC, 90 DEGREE FACTORY BEND,SCHEDULE 40
CARLON P/N UA9ANB W/BELL END
S/S-CRAVEN ELECT SUPPLY, 722 BELL FORK RD, JAX. N.C.
28540, 353-4643
-
-
-

MCN-NSN: 5975-CA-RFL-EX200 UNIT OF ISSUE: FT SOURCE OF SUPPLY:
QUANTITY: 8 UNIT COST: .74 TOTAL COST: 5.92
LOCATION:
DESCRIPTION: CARFLEX CONDUIT 3/4"
CARLON P/N 15007
SS: CRAVEN ELECTRIC, JAX NC
353-4643 8/98
-
-
-

*** CONTINUED ON PAGE 6 ***

SH #9

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER:
PREPARED BY:
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 00/02/22
DELIVERY DATE: 00 00 00
DELIVER MATERIALS TO:

---

MCN-NSN: 5975-CA-RFL-EX210 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 2 UNIT COST: 1.63 TOTAL COST: 3.26
LOCATION:
DESCRIPTION: CARFLEX CONNECTOR STRAIGHT 3/4"
CARLON P/N LN43EA
SS: CRAVEN ELECTRIC, JAX NC
353-4643 8/98
-
-
-

MCN-NSN: 5975-CA-RL4-90070 UNIT OF ISSUE: LG SOURCE OF SUPPLY:
QUANTITY: 20 UNIT COST: 1.80 TOTAL COST: 36.00
LOCATION:
DESCRIPTION: CONDUIT PVC 3/4" SCHEDULE 40
CARLON P/N 49007
SS-CRAVEN ELECTRIC SUPPLY 353-4643
-
-
-
-

MCN-NSN: 5975-CA-RLE-940E0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 6 UNIT COST: .38 TOTAL COST: 2.28
LOCATION:
DESCRIPTION: COUPLING CONDUIT PVC 3/4" SCHEDULE 40
CARLON P# E940E
SS-CRAVEN ELECTRIC SUPPLY 353-4643
-
-
-

MCN-NSN: 5975-CA-RLE-943E0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 4 UNIT COST: .63 TOTAL COST: 2.52
LOCATION:
DESCRIPTION: ADAPTER CONDUIT PVC MALE 3/4" SCHEDULE 40
CARLON P# E943E
SS-CRAVEN ELECTRIC SUPPLY 353-4643
-
-
-
-

*** CONTINUED ON PAGE 7 ***

SH # 10

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER:
PREPARED BY:
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 00/02/22
DELIVERY DATE: 00 00 00
DELIVER MATERIALS TO:

---

MCN-NSN: 5975-CA-RLU-A9AE0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 2 UNIT COST: 1.16 TOTAL COST: 2.32
LOCATION:
DESCRIPTION: ELBOW PVC 3/4" 90 DEGREE BEND SCHEDULE 40
CARLON P/N UA9AEB W/BELL
SS-CRAVEN ELECTRIC SUPPLY 353-4643
-
-
-
-

MCN-NSN: 5975-CA-ROL-T3410 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 18.33 TOTAL COST: 18.33
LOCATION:
DESCRIPTION: ROD GROUND 3/4" X 10' COPPER BLACKBURN P/N 7510
SS: CRAVEN ELECTRIC JAX, NC
353-4643
-
-
-

MCN-NSN: 5975-KK-4A3-6U4N0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 8 UNIT COST: 81.32 TOTAL COST: 650.56
LOCATION:
DESCRIPTION: LUG BURNDY 4-HOLE AL/CU #2-#600 WIRE RANGE
BURNDY P/N KK4A36U-4N
SS: CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

MCN-NSN: 5975-LU-GAM-S7500 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 12 UNIT COST: 27.08 TOTAL COST: 324.96
LOCATION:
DESCRIPTION: BURNDY SPICER/REDUCER AL/CU 250-750 WIRE RANGE
BURNDY P/N AMS-750
SS: CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

*** CONTINUED ON PAGE 8 ***

SH # 11

WORK REQUEST NUMBER: 9 PHASE NO: 1 IFS PHASE NO: 1
ACCOUNT CODE NUMBER: DATE CREATED: 00/02/22
PREPARED BY: DELIVERY DATE: 00 00 00
JOB ORDER NUMBER: DELIVER MATERIALS TO:

---

MCN-NSN: 5975-MA-STI-CPAD0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 24 UNIT COST: 2.77 TOTAL COST: 66.48
LOCATION:
DESCRIPTION: PAD INSULATED MASTIC, 6.5"x 4.5"
3M P/N 2200
SS: CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

MCN-NSN: 5975-RA-CO#-96310 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 3.21 TOTAL COST: 3.21
LOCATION:
DESCRIPTION: BOX, TYPE FSE, PVC, SINGLE GANG, W/ (1) 3/4" HUB, 2" DEEP
CARLON P/N E980EFN
SS-CRAVEN ELECTRIC SUPPLY, 722 BELLFORK RD JACKSONVILLE,
N.C. 28540, PH 353-4643
-
-
-

MCN-NSN: 5975-RA-CO3-98010 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 4.00 TOTAL COST: 4.00
LOCATION:
DESCRIPTION: BOX, PVC, SINGLE GANG, NO HUB 2 3/4" DEEP
CARLON P# E9801
SS-CRAVEN ELECT SUPPLY 353-4643
-
-
-

MCN-NSN: 5975-SU-PRS-TRUT0 UNIT OF ISSUE: LG SOURCE OF SUPPLY:
QUANTITY: 4 UNIT COST: 17.34 TOTAL COST: 69.36
LOCATION:
DESCRIPTION: SUPERSTRUT CONDUIT CHANNEL,10'LENGTH, 1 5/8"
SUPER-STRUT P/N SSA1200HS10
SS CRAVEN ELECTRIC, JAX, NC
910-353-4643
-
-
-
-

*** CONTINUED ON PAGE 9 ***

Att # 12

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER:
PREPARED BY:
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 00/02/22
DELIVERY DATE: 00 00 00
DELIVER MATERIALS TO:

---

MCN-NSN: 6145-00-129-93200 UNIT OF ISSUE: FT SOURCE OF SUPPLY:
QUANTITY: 6 UNIT COST: .16 TOTAL COST: .96
LOCATION:
DESCRIPTION: WIRE GROUNDING # 6 BARE SOFT COPPER
SS-SHOP STORE
-
-
-

MCN-NSN: 6145-00-173-66430 UNIT OF ISSUE: SL SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 21.87 TOTAL COST: 21.87
LOCATION:
DESCRIPTION: WIRE #12 THHN, SOLID WHITE
-
-
-

MCN-NSN: 6145-00-239-12450 UNIT OF ISSUE: CL SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 24.53 TOTAL COST: 24.53
LOCATION:
DESCRIPTION: WIRE, #12 THHN, SOLID BLACK
-
-
-

MCN-NSN: 6145-00-239-13040 UNIT OF ISSUE: CL SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 22.79 TOTAL COST: 22.79
LOCATION:
DESCRIPTION: WIRE, #12 THHN, GREEN SOLID
-
-
-

MCN-NSN: 8040-00-PVC-GLUE0 UNIT OF ISSUE: EA SOURCE OF SUPPLY:
QUANTITY: 1 UNIT COST: 9.88 TOTAL COST: 9.88
LOCATION:
DESCRIPTION: PVC GLUE, QUART CONTAINER
SS: ELECTRIC SUPPLY, JAX NC
577-1800
-
-
-

SOS TOTAL COST: $2067.49

*** CONTINUED ON PAGE 10 ***

S4 # 13

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 9
ACCOUNT CODE NUMBER:
PREPARED BY:
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 00/02/22
DELIVERY DATE: 00 00 00
DELIVER MATERIALS TO:

---

MCN-NSN: 6145-01-WIR-E5000 UNIT OF ISSUE: FT SOURCE OF SUPPLY: .
QUANTITY: 1800 UNIT COST: 2.46 TOTAL COST: 4428.00
LOCATION:
DESCRIPTION: WIRE COPPER 500KCM THHN STRANDED BLACK.
S/S CRAVEN ELECTRIC, JAX, NC
353-4643
-
-
-
-

SOS TOTAL COST: $4428.00

PHASE TOTAL COST: $6495.49

SH # 14

# WORK REQUEST ROUTING SLIP
MCBCL 4400/46 (REV. 2-91)

9

THIS WORK SHEET MUST BE USED FOR ALL WORK REQUESTS SUBMITTED TO BASE MAINTENANCE WORK RECEPTION, CAMP LEJEUNE

| WORK REQUEST NO. | SKETCH/PLAN ATTACHED | DATE RECEIVED |
|---|---|---|
| MAX 55110 | ☐ YES ☒ NO | |

| ACTION | IN | OUT | INITIAL | REMARKS |
|---|---|---|---|---|
| J. Wbaly | | 2/17 | | |
| Ogleby | | | | WRITE OS FOR MAI |
| 3F | | | | |
| | | | | |
| | | | | |
| | | | | Order |
| | | | | Mat Only |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*** QUOTATION ***

| PAGE | QUOTE # | FAX SENT |
|---|---|---|
| 1 | 309842-00 | 12 29 44 02 03 99 |

CRAVEN ELECTRIC SUPPLY, INC
722 BELL FORK ROAD

JACKSONVILLE NC 28540

SHIP VIA QUOTE

CUST ORD# MESS HALL 9

QUOTED TO
BASE MAINTENANCE ACCOUNT
CAMP LEJEUNE MCB
VISA CARD BUY/ DONOTMAIL
JACKSONVILLE NC 99999
JOHN WHALEY

FOR SHIPMENT TO
MESS HALL 9
JOHN WHALEY

| WH | TAX | SLM | TYPE | CUST | DATE | TERMS |
|---|---|---|---|---|---|---|
| 3 | 9001 | 3GPS | 4 | 055085 | 02/03/99 | 2%10PROX N15 |

| LINE | QUANTITY | DESCRIPTION | U/M | PRICE | EXTENDED |
|---|---|---|---|---|---|
| | | *** QUOTATION *** | | | |
| | | ** CASH SALE ** | | | |
| 1 | 140 | PVC00400 | C | 100.000 | 140.00 |
| | | PVC SCHED 40 CONDUIT | | | |
| 2 | 16 | CARE943N | C | 256.000 | 40.96 |
| | | CARLON E943N 4-IN PVC TERM ADP | | | |
| 3 | 15 | STCLN110 - steel City LN110 | C | 198.670 | 29.80 |
| | | STC LN110 4 LOCKNUT | | | |
| 4 | 20 | CARE940N | C | 178.900 | 35.78 |
| | | CARLON E940N 4-IN PVC COUPLING | | | |
| 5 | 10 | CARUA9AN | C | 921.140 | 92.11 |
| | | CARLON UA9AN 4-IN 90D PVC ELBO | | | |
| 6 | 8 | BURKK4A36U4N - 4 HOLE TERMINAL LUG | E | 81.320 | 650.56 |
| | | BUR KK4A36U-4N 800 ALCU 4H TER #2 - 600 MCM | | | |
| 7 | 12 | BURAMS750 BUTT SPLICE | E | 27.080 | 324.96 |
| | | P/N (BUR AMS-750) 250-750 2SCR SPLIC | | | |
| 8 | 1800 | THN500BL | M | 2461.620 | 4430.92 |
| | | THHN-500MCM-BLK-STRANDED | | | |
| 9 | 1 | 3M35RED12X20FT | E | 1.120 | 1.12 |
| | | 3M 35-RED-1/2X20FT CODING TAPE | | | |
| 10 | 1 | 3M35BLUE12X20FT | E | 1.120 | 1.12 |
| | | 3M 35-BLUE-1/2X20FT CODING TAP | | | |
| 11 | 1 | 3M35WHT12X20FT | E | 1.120 | 1.12 |
| | | 3M 35-WHT-1/2X20FT CODING TAPE | | | |
| 12 | 1 | 3M35GRN12X20FT | E | 1.120 | 1.12 |
| | | 3M 35-GRN-1/2X20FT CODING TAPE | | | |
| 13 | 24 | 3M2200612X412 | E | 2.820 | 67.68 |
| | | 3M 2200 6-1/2 X 4-1/2 MASTIC | | | |
| 14 | 10 | 3M33PLUSSUPER34X66 | E | 3.530 | 35.30 |
| | | 3M 33PLUS-SUPER-3/4X66FT PLSTC | | | |

*** CONTINUED ON NEXT FORM ***

*** QUOTATION ***

| PAGE | QUOTE # | FAX SENT |
|---|---|---|
| 2 | 309842-00 | 12:29:44 02/03/99 |

CRAVEN ELECTRIC SUPPLY, INC
722 BELL FORK ROAD
JACKSONVILLE NC 28540

SHIP VIA QUOTE
CUST ORD#: MESS HALL 9

QUOTED TO:
BASE MAINTENANCE ACCOUNT
CAMP LEJEUNE MCB
VISA CARD BUY/ DONOTMAIL
JACKSONVILLE NC 99999
JOHN WHALEY

FOR SHIPMENT TO
MESS HALL 9
JOHN WHALEY

| WH | TAX | SLM | TYPE | CUST | DATE | TERMS |
|---|---|---|---|---|---|---|
| 3 | 9001 | 3GPS | 4 | 055085 | 02/03/99 | 2%10PROX N15 |

| LINE | QUANTITY | DESCRIPTION | U/M | PRICE | EXTENDED |
|---|---|---|---|---|---|
| 15 | 200 | PVC00075 3/4" | C | 11.700 | 23.40 |
| | | PVC SCHED 40 CONDUIT | | | |
| 16 | 4 | CARUA9AE | C | 86.070 | 3.44 |
| | | CARLON UA9AE 3/4 90D PVC BENDW | | | |
| 17 | 1 | CARE980EFN | C | 321.430 | 3.21 |
| | | CARLON E980EFN 3/4 FSE PVC BOX | | | |
| | | CONTRACT 40002843 | | | |
| 18 | 4 | CARE943E | C | 33.390 | 1.34 |
| | | CARLON E943E 3/4 PVC TERM ADPT | | | |
| 19 | 4 | STCLN102 | C | 14.770 | .59 |
| | | STC LN102 3/4 LOCKNUT | | | |
| 20 | 6 | CARE940E | C | 17.490 | 1.05 |
| | | CARLON E940E 3/4 PVC COUPLING | | | |
| 21 | 500 | THN121BL | M | 38.090 | 19.05 |
| | | THHN-12-BLACK-SOLID | | | |
| 22 | 500 | THN121WH | M | 38.090 | 19.05 |
| | | THHN-12-WHITE-SOLID | | | |
| 23 | 500 | THN121GN | M | 38.090 | 19.05 |
| | | THHN-12-GREEN-SOLID | | | |
| 24 | 4 | CARE986N | C | 3056.000 | 122.24 |
| | | CARLON E986N 4-IN TYPE-LB PVC | | | |
| 25 | 1 | BLB7510 | C | 1833.330 | 18.33 |
| | | BLKBRN 7510 3/4X10 CU BOND GRND ROD | | | |
| | | QUOTE 224632 | | | |
| 26 | 1 | BLBG6 | C | 405.650 | 4.06 |
| | | BLKBRN G6 3/4 GRND ROD CLAMP | | | |
| | | QUOTE 224632 | | | |
| 27 | 6 | BARCU6SL | M | 114.610 | .69 |
| | | #6 SOLID SD BARE COPPER | | | |

*** CONTINUED ON NEXT FORM ***

*** QUOTATION ***

| PAGE | QUOTE # | FAX SENT |
|---|---|---|
| 3 | 3098-2 00 | 12 29 44 02/03/99 |

CRAVEN ELECTRIC SUPPLY, INC
128 BELL FORK ROAD

JACKSONVILLE NC 28540

SHIP VIA : QUOTE

CUST ORD#: MESS HALL 9

QUOTED TO
BASE MAINTENANCE ACCOUNT
CAMP LEJEUNE MCB
VISA CARD BUY/ DONOTMAIL
JACKSONVILLE NC 99999
JOHN WHALEY

FOR SHIPMENT TO
MESS HALL 9
JOHN WHALEY

| WH | TAX | SLM | TYPE | CUST | DATE | TERMS |
|---|---|---|---|---|---|---|
| 3 | 9001 | 3GPS | 4 | 055085 | 02/03/99 | 2%10PROX N15 |

| LINE | QUANTITY | DESCRIPTION | U/M | PRICE | EXTENDED |
|---|---|---|---|---|---|
| 28 | 8 | CAR15007100<br>CARLON 15007 3/4 CARFLEX COIL | C | 41.670 | 3.33 |
| 29 | 2 | CARLN43EA<br>CARLON LN43EA 3/4 STR LIGTITE | C | 164.830 | 3.30 |
| 30 | 4 | BURKK4A36U4N<br>BUR KK4A36U-4N 800 ALCU 4H TER | E | 81.320 | 325.28 |
| 31 | 1 | STC5835112<br>STL-CTY 58351-1/2 KO 1-1/2D HANDY BOX | C | 184.520 | 1.85 |
| 32 | 1 | PAS3232LA<br>P&S 3232-LA ALM DPLX RCPT - 15A. | C | 46.090 | .46 |
| 33 | 1 | STC58C7<br>STL-CTY 58C7 HANDYBOXCVR F/DPL RECEP METAL | C | 46.690 | .47 |
| 34 | 1 | BURKA6U<br>BUR KA6U 6AWG ALCU 1H TERM LUG | E | .670 | .67 |
| 35 | 20 | GRC00350<br>3-1/2" GALVANIZED RIGID CONDUIT | C | 720.550 | 144.11 |
| 36 | 40 | SSA1200HS10<br>A1200HS-10 1-5/8X1-5/8 1/2SLOT | C | 178.550 | 71.42 |

Superstrut - 10' Long

| | |
|---|---|
| MDSE SUB TOTAL | 6638.94 |
| TAX | 00 |
| GRAND TOTAL | 6638.94 |

## Whaley WG11 Jonathan B

**From:** Winberry GS13 Edward W
**Sent:** Friday, September 10, 1999 9:12 AM
**To:** Whaley WG11 Jonathan B
**Cc:** Shoemaker GS12 Gregory L
**Subject:** RE: TRANSFER OF FUNDS

Jon:

See if you can spend the money, but I doubt it.

Thanks
Ed

-----Original Message-----
**From:** Whaley WG11 Jonathan B
**Sent:** Friday, September 10, 1999 7:42 AM
**To:** Winberry GS13 Edward W
**Cc:** Shoemaker GS12 Gregory L
**Subject:** FW: TRANSFER OF FUNDS

EDDIE,
THIS MONEY IS FOR THE INSTALLATION PARTS AND LABOR TO INSTALL A 500KW GENERATOR/1600AMP TRANSFER SWITCH AT MESS HALL 9 AND INSTALLATION PARTS AND LABOR TO INSTALL A 1600AMP AUTOMATIC TRANSFER SWITCH AT MESS HALL AS4012.INSTALLATION PARTS AND THE CC BUYS CAN BE DONE NOW IF YOU LIKE SO THE MONIES NEEDS TO BE SPENT BEFORE END OF YEAR.THANKS
JON

-----Original Message-----
**From:** Winberry GS13 Edward W
**Sent:** Thursday, September 09, 1999 10:35 AM
**To:** Whaley WG11 Jonathan B
**Cc:** Shoemaker GS12 Gregory L
**Subject:** FW: TRANSFER OF FUNDS

Jon:

Can you spend this money this FY, and do you know what the money is for?
Ed

-----Original Message-----
**From:** Linnabary CWO3 Daniel L
**Sent:** Wednesday, September 08, 1999 10:44 AM
**To:** Morgan GS11 Edith D
**Cc:** Winberry GS13 Edward W; Fahey Maj John J
**Subject:** TRANSFER OF FUNDS

EDITH,

PLS TRANSFER FROM OCC 31 $23,500 TO BASE MAINT FOR THE INSTALL OF THE NEW GENERATOR AND TRANSFER SWITCHES.

THANKS

GUNNER