

BASE CIVIL ENGINEER WORK REQUEST
(See Reverse for Instructions)

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average .3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project 0704-0188, Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to HQ AFESC/DEMG.

SECTION I - TO BE COMPLETED BY REQUESTER

1. FROM (Organization) 403d MXS	2. OFFICE SYMBOL MXMF	3. DATE OF REQUEST 20120402	4. WORK REQUEST NO. (For BCE Use)
5. NAME AND PHONE NO. OF REQUESTER JASON BOUDREAUX 228-377-3279		6. REQUIRED COMPLETION DATE 20120702	7. BUILDING, FACILITY OR STREET ADDRESS WHERE WORK IS TO BE ACCOMPLISHED BLDG 4301

8. DESCRIPTION OF WORK TO BE ACCOMPLISHED (Include Sketch or Plan, when appropriate)

1. Install male and female decontamination room (showers and sinks) in room 213.

9. BRIEF JUSTIFICATION FOR WORK TO BE ACCOMPLISHED (Not required for maintenance and repair)

External ESOH Camp Finding - 29 CFR 1910.1026, Employers are required to provide change rooms and washing facilities that are oriented in the manner that separates contaminated PPE from clean clothing and prevents cross-contamination of the PPE/work area with clean areas/clothing. ESOH Camp finding and BIO's contamination findings are attached.

10. DONATED RESOURCES

<input type="checkbox"/>	FUNDS	<input type="checkbox"/>	LABOR	<input type="checkbox"/>	MATERIAL	<input type="checkbox"/>	CONTRACT BY REQUESTER	<input type="checkbox"/>	NONE
11. NAME OF REQUESTER KLIPP, CATHERINE L.				12. GRADE OF REQUESTER GS-9		13. SIGNATURE OF REQUESTER (See Reverse of Form)			

14. COORDINATION

403MXG/RA 403WG/FM 403MSG/CCE 403WG/SE 81RTW/SE CSC

SECTION II - FOR BASE CIVIL ENGINEER USE

15. WORK ORDER (Place an "X" in the appropriate box.)

<input type="checkbox"/>	IN-SERVICE	<input type="checkbox"/>	SELF-HELP	<input type="checkbox"/>	CONTRACT	<input type="checkbox"/>	SABER
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16. DIRECT SCHEDULED WORK (Place an "X" in the appropriate box.)

<input type="checkbox"/>	EMERGENCY	<input type="checkbox"/>	URGENT	<input type="checkbox"/>	ROUTINE	<input type="checkbox"/>	SELF-HELP	<input type="checkbox"/>	M/C
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17. SELF-HELP (Place an "X" in the appropriate box.)

<input type="checkbox"/>	BRIEFING REQUIRED	<input type="checkbox"/>	ADEQUATE COORDINATION	<input type="checkbox"/>	INSPECTION REQUIRED
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SECTION III - COMPLETE ONLY IF WORK IS TO BE ACCOMPLISHED BY WORK ORDER

18. WORK CLASS	19. PRIORITY	20. ESTIMATED HOURS	21. ESTIMATED FUNDED COST	22. ESTIMATED TOTAL COST
<input type="checkbox"/>	23. THERE IS NO NEED FOR AN ENVIRONMENTAL ASSESSMENT (AFR 19-2)	<input type="checkbox"/>	24. A WRITTEN ASSESSMENT IS BEING/HAS BEEN PROCESSED	<input type="checkbox"/>
		<input type="checkbox"/>	25. APPROVED	<input type="checkbox"/>
				26. DISAPPROVED

27. REMARKS

SECTION IV - APPROVING AUTHORITY

28. NAME AND GRADE (Please Type or Print)	29. SIGNATURE	30. DATE
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