

C \_\_\_\_\_

Date \_\_\_\_\_

## REQUISITION FOR NEW WORK

This form is for use by University departments requesting new work or renovations to buildings, offices, laboratories or equipment.

Please do not use this form for routine maintenance or repairs.

BUILDING \_\_\_\_\_ ROOM No. \_\_\_\_\_

### Controlled Products Usage:

- I've read and understand the Controlled Products Standard for new and renovated spaces and can state  a) this area does not involve Controlled Products, or  b) this area will contain Controlled Products and the appropriate declaration is attached.
- Does this project involve an area that previously used/stored Controlled Products?  yes  no

**If yes, de-commissioning is required and the Environmental Health and Safety Office must be contacted at 474-6633.**

Signature of User: \_\_\_\_\_ Confirmed by Designer: \_\_\_\_\_

Please note that changes in the declared usage may impact on the design and may result in restrictions on the controlled product usage.

### PARTICULARS OF REQUEST

REQUISITIONING DEPARTMENT \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ ESTIMATE REQUIRED: YES  NO

CHARGE TO FOAPAL NO.:

F	O	A	P	A	L

SIGNING AUTHORITY: \_\_\_\_\_ (Signature)

DEAN/DIRECTOR/DEPT. HEAD: \_\_\_\_\_ (Signature)

URGENCY STATEMENT: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_ CATEGORY: \_\_\_\_\_

Requested Estimate Date: \_\_\_\_\_ Requested Project Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_