SPECIAL PROJECT TASK SHEET

PROJECT NAME:
DEPARTMENT / AREA:
MANAGER:
DATE:
HAS IT BEEN BUDGETED FOR:
WHAT IS THE REASON FOR PROJECT:

TO BE COMPLETED BY MAINTENANCE:

ESTIMATES:

ITEMS NEEDED:

DESCRIPTION			**PRICE**	**ORDERED**	**RECEIVED**
Category	**Specific Items**	**Amount needed**			
Cabling (Computer/Phones)					
Ceiling					
Demolition					
Electrical / Lighting					

Category	Specific Items	Amount needed	PRICE	ORDERED	RECEIVED
Floors /Carpet					
HVAC					
Medical Gas Piping					
Painting / Wallpaper					
Plumbing					
Walls / Drywall					
Sprinklers					
Other:					

OUTSIDE VENDORS:

NAME OF COMPANY	DATE CALLED	ESTIMATE REC'D	APPROVED / DENIED	DATE COMPLETED

WOULD WORK INTERFERE WITH OTHER DEPARTMENTAL WORK FLOW?	YES	NO	
WILL THERE BE PRECAUTIONS NEEDED?			
DOES THIS FALL UNDER LIFE SAFETY?	YES	NO	
IF YES: FORM HAS TO BE DONE BEFORE WORK CAN START			
FORM COMPLETED	YES / NO	DATE COMPLETED:	
ESTIMATION OF TIME TO DO PROJECT: 1 Week 2 Weeks 3 Weeks 4 Weeks			
WHEN WOULD WORK BE DONE? 1ST Shift 2nd Shift 3rd Shift			
ESTIMATED LABOR HOURS (Demolition / Construction / Clean Up)			
ESTIMATED LABOR COST: (# of Estimated Hours x Emp. Average Hourly Rate = Labor Cost):			
ESTIMATED PROJECT COST:			

PROJECT APPROVED	
PROJECT DISAPPROVED	
ADMINISTRATOR	DATE: