

USF FM-QM FORENSIC SERVICES REQUEST

NOTE TO REQUESTOR: **USF-FM QUALITY MANAGEMENT FORENSIC SERVICES WILL BE INITIATED UPON REQUESTING UNIT SUPERVISOR APPROVAL.**

QM No:
Date: _____

A. REQUESTOR / REQUESTOR UNIT

REQUESTING UNIT: <input type="checkbox"/> HEALTH <input type="checkbox"/> HOUSING <input type="checkbox"/> PARKING <input type="checkbox"/> OTHER:	<input type="checkbox"/> USF-FM
REQUESTOR:	CONTACT PERSON: (IF DIFFERENT FROM REQUESTOR)
NAME: _____	NAME: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____
UNIT APPROVAL: _____	

B. PROJECT LOCATION

BUILDING NAME: _____	BLDG. No: _____
ROOMS AFFECTED: (LIST OR ATTACH A SMALL SCALE FLOOR PLAN OF AFFECTED ROOMS)	
CURRENT ROOM USE: _____	Room No: _____
<input type="checkbox"/> SUPPLEMENTAL SHEETS ATTACHED.	

C. DESCRIPTION OF ISSUE(S) (ON A SEPARATE SHEET IF NEEDED; ATTACH PHOTOS AND PLANS WHEN AVAILABLE)

IEQ (INDOOR ENVIRONMENTAL QUALITY) BEX (BUILDING ENVELOPE/ROOF) WARRANTY (LONG TERM/LATENT DEFECTS)	PRIMARY CONCERN: <input type="checkbox"/> IEQ <input type="checkbox"/> BEX <input type="checkbox"/> WARRANTY <input type="checkbox"/> IEQ <input type="checkbox"/> BEX <input type="checkbox"/> WARRANTY <input type="checkbox"/> IEQ <input type="checkbox"/> BEX <input type="checkbox"/> WARRANTY <input type="checkbox"/> IEQ <input type="checkbox"/> BEX <input type="checkbox"/> WARRANTY <input type="checkbox"/> IEQ <input type="checkbox"/> BEX <input type="checkbox"/> WARRANTY
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
FOR WARRANTY ISSUE: SC/BENEFICIAL OCCUPANCY DATE: _____ USF PM: _____	

RESERVED FOR USF FM-QM FORENSIC TEAM USE

D. SERVICE & TEAM ASSIGNMENT

1. SERVICE TYPE	RESPONSIBILITY	PI (PRINCIPAL INVESTIGATOR)										
a. <input type="checkbox"/> BUILDING ENVELOPE (<input checked="" type="checkbox"/> ROOFING) b. <input type="checkbox"/> INFRARED THERMOGRAPHY c. <input type="checkbox"/> UAS OVERFLIGHT d. <input type="checkbox"/> BUILDING COMMISSIONING e. <input type="checkbox"/> WARRANTY / LATENT DEFECTS CLAIM f. <input type="checkbox"/> g. <input type="checkbox"/>	2. TEAM ASSIGNMENT a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/>	<table style="width: 100%;"> <tr> <th style="width: 50%;">PI</th> <th style="width: 50%;">TASK</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	PI	TASK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PI	TASK											
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<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											

E. RECORD OF TASKS & MILESTONES

DATE:	ACTIVITY