Naval Hospital Oak Harbor
Facility Work Request

Project Number: _____ **Title:** _____
Project Manager: _____ **Date:** _____

Brief description of the project: _____

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_____
_____

Justification: _____

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_____

Expected Impact on Life Safety:

Y N Will the project affect emergency exits or means of egress?

Y N Will the project affect fire protection features (e.g. detection, alarm, or suppression systems)?

Y N Will the project involve construction partitions?

Y N Will the project involve smoke/fire barriers such as walls/doors?

Expected Impact on Infection Control:

Y N Will the project create dust or other contaminants?

Y N Will the project impact the HVAC system?

Y N Will the project involve a water or HVAC outage?

Y N Will the project affect disposal/treatment of sharps/biohazardous waste?