

NEW CONSTRUCTION REQUEST FORM  
Texas Tech University Health Sciences Center El Paso

Work Order#

NCRF Number

Project Manager

This form is required for the Initiation of any new construction work at the Texas Tech University Health Sciences Center. New construction is defined as:

1. Any physical change to the existing building (new lighting, new doors, demolition, new walls, etc.)
  2. The installation of equipment, furniture or cabinets that are required to be attached to the building in any way (mounted bookshelves, x-ray boxes, metal casework, etc.)
  3. The installation of equipment that requires new electrical hookups, dueling or plumbing connections, or adds new heating or cooling loads to the space in which it is located.
- This form is a request - not a work order. The initiation of this form will generate a proposed solution, a preliminary construction schedule, and an estimated cost. Work described on this form will not begin until all final approvals have been made. If you have any questions on this form or process, call the Plant Operations Office at 743-2070.

FILL IN SHADED AREAS ONLY

SECTION I. DESCRIPTION

TODAY'S DATE \_\_\_\_\_ REQUESTING DEPARTMENT \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

LOCATION OF WORK-Building \_\_\_\_\_ Rooms \_\_\_\_\_  
PERSONS ASSIGNED THIS CE \_\_\_\_\_

DESCRIPTION OF WORK OR EQUIPMENT REQUESTED: (Describe in detail, attach drawing as necessary)

NO ESTIMATE REQUIRED  ESTIMATE REQUIRED

JUSTIFICATION:

SPACE WILL BE AVAILABLE ON THIS DATE \_\_\_\_\_ REQUIRED COMPLETION DATE : \_\_\_\_\_

SOURCE OF FUNDING FOR PROJECT/EQUIPMENT:

| FUND | ORG | PROGRAM | ACCOUNT NAME | UMC PO# |
|------|-----|---------|--------------|---------|
|------|-----|---------|--------------|---------|

SECTION II. PRELIMINARY APPROVALS

I have reviewed the project described above and approve if in concept but reserve final approval until a cost estimate and feasibility study have been made:

\_\_\_\_\_  
(typed name) (signature) (date)

Authorized Departmental Signature \_\_\_\_\_

WHEN THIS FORM IS COMPLETE, SEND ALL COPIES TO: PHYSICAL PLANT

COPIES: YELLOW-Original BLUE-Plant Operations WHITE-Department

ATTACHMENT A  
HSCEP OP 61.02  
March 30, 2016