



Preventive Maintenance Planning Change - Add - Delete Equipment Request Form

REQUESTOR INFORMATION

Name: Department / Shop / Zone:

Date: Phone #: Email:

Purpose of request:

- Change Frequency of PM Schedule Change Equipment Information Add Equipment Delete Equipment

EQUIPMENT LOCATION

Building Name: Building Number:

Room Number: Location in Room:

EQUIPMENT INFORMATION

UM Equipment ID # (yellow barcode): New UM Equipment ID# Required

Equipment Type: Manufacturer:

Model #: Serial #:

Name Plate Data or Other Pertinent Information Regarding Equipment:

REQUEST DETAILS

Other information Regarding Request or Justification to Change Frequency of PM Schedule: