



# Minor New Works Request Form

## Contact details

First Name **	dawn
Surname**	Youll
Contact e-mail**	Dawn.youll@nhs.net
Telephone**	854755
Extension**	54755
Location/Ward	Rheumatology opd
Room/door number.	14A87 room 3b

## Request Details

Location/Ward**	Rheumatology opd
Room/door number. **	14A87 rook 3b

Brief description of minor new work required work required\*\*

**Marske Blinds** please quote for: The orientation of the couch needs to be from the right and therefore the curtain rail needs adjusting to fit this position so that Ultrasound scan can be performed effectively.

**Hunters** please quote for: The lights need to be dimmed for ultrasound and so a dimmer switch will be needed

## Trust Budget holder

To be completed by Trust budget holder Representative

Full Name **	Dawn youll
Contact e-mail**	Dawn.youll@nhs.net
Telephone**	54755
Extension **	54755
Location/Ward	rheumatology
Room/door number.	Room 3b
Cost Code**	3503ca
Lump sum Cost	

**\*\*Failure to complete sections may result in the non process of request**

## Endeavour Instruction to Proceed

Name:..... Signature:..... Date:.....

Please email completed form to [HelpdeskSouthTees@serco.com](mailto:HelpdeskSouthTees@serco.com)

*For Serco use only*

### Date received

30.06.2021
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### Request ID

*Serco to issue on receipt of form*

NWR4107
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### Job Type

- Mechanical
- Electrical
- Building
- Maintenance
- Health & Safety
- Patient care
- Departmental routine
- Environmental issue
- PAT test only
- Fire officer approval
- Change of use
- Structural alterations

Is the work part of an existing capital works scheme?

Is the work part of a life cycle scheme?

Additional comments