



SERVICE ORDER ROUTING SLIP/CHECKLIST

NOTE: The Primary Service Provider (PSP) is the service area having the largest work commitment of the request. The PSP marks the required areas for routing below based on the Requestor's description of services. **TO BE FILLED OUT BY SERVICE PROVIDER(S) ONLY.**

ASSIGNED PRIMARY SERVICE PROVIDER (PSP):	REQUIRED SERVICE PROVIDER(S):	DATE RECEIVED
<input type="checkbox"/>	FACILITIES SERVICES: 158B M.D. (4-3756) SHOP: <input type="checkbox"/> 46304.001 Plumbing Shop <input type="checkbox"/> 46304.005 Sheet Metal Shop <input type="checkbox"/> 46304.002 Env. Services Shop <input type="checkbox"/> 46304.006 Paint Shop <input type="checkbox"/> 46304.004 Construction Shop <input type="checkbox"/> 46304.007 Electrical Shop <input type="checkbox"/> No safety impact to service provider. (Explanations required in comments below.)	___/___/___
<input type="checkbox"/>	ENGINEERING SERVICES: 158H M.D. (4-3757) ME DESIGN SHOP: MACHINE SHOP: ELECTRONICS TECH SHOP: <input type="checkbox"/> 46200.004 Equipment Assem./Testing <input type="checkbox"/> 46203.002 Graphite Work <input type="checkbox"/> 46200.007 Testing/Repair <input type="checkbox"/> 46200.005 RR or QA Inspection <input type="checkbox"/> 46203.003 Installation/Repair <input type="checkbox"/> 46200.008 Fabrication/Assembly <input type="checkbox"/> 46200.006 Design/Drafting <input type="checkbox"/> 46203.004 Fabrication <input type="checkbox"/> 46203.008 Welding <input type="checkbox"/> No safety impact to service provider. (Explanations required in comments below.)	___/___/___
<input type="checkbox"/>	GRAPHICS SERVICES: 132 TASF (4-9305 or 4-7933) <input type="checkbox"/> Work performed within activity no. _____ <input type="checkbox"/> No safety impact to service provider. (Explanations required in comments below.)	___/___/___
<input type="checkbox"/>	DESKTOP SERVICES: 334 TASF (4-8348) <input type="checkbox"/> Work performed within activity no. _____ <input type="checkbox"/> No safety impact to service provider. (Explanations required in comments below.)	___/___/___

To **ESH&A** for Review/Recommendation prior to estimate.....___/___/___
 Returned to PSP on.....___/___/___

(Refer to the ES&H Hazard Identification Checklist and Radiological Control Areas Report)
 To **DESKTOP SERVICES** for Review of Networking Requirements on.....___/___/___
 Returned to PSP on.....___/___/___

To **FACILITIES SERVICES** for Review/Estimate.....___/___/___
 Does Service Order Requisition require phone or Data Connection? Yes__ No__
 To Engineer ___/___/___ Assigned to _____ Returned ___/___/___
 To Shop Mgr. ___/___/___ Assigned to _____ Returned ___/___/___

To **ENGINEERING SERVICES** for Review/Estimate.....___/___/___
 To Engineering ___/___/___ Assigned to _____ Returned ___/___/___
 To Elec. Tech Shop ___/___/___ Assigned to _____ Returned ___/___/___
 To Machine Shop ___/___/___ Assigned to _____ Returned ___/___/___

To **REQUESTOR** on ___/___/___ for signature(s) or other missing information as highlighted.
 Returned to PSP on.....___/___/___

To **BUDGET** for Job Order set up on ___/___/___ Returned to PSP on ___/___/___

Copies distributed by PSP on ___/___/___ to ESH&A, Service Areas, and Requestor

Comments: _____