



# 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: