Work Order no: 1373331.01

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|  |
| **Contractors Office:** Small House, Langford, Bristol, BS40 5DU.  **Note to supplier:** Prior to commencing work each day Contractors must sign into the Contractors office (address above), where the location in which they are working must be checked against the University asbestos register.  Upon completion of the Work Order, please sign the 'Operatives' section and return the form to the address below.  Alternatively a designated user may mark Work Orders as complete using the Online self-service link (available on request). |

**Work location**  **Requestor / On behalf of**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Building name** | Equine Stables |  | **Requestor** | Stephanie MacDonald |
| **Building address** | Langford House Estate  Langford  Bristol  BS40 5DU |  | **Contact** | (0117) 428 4580 |
|  | **E-mail** | steph.macdonald@bristol.ac.uk |
|  | **Charge code** | University of Bristol |
| **Space** |  |  | **On behalf of** | Stephanie MacDonald |
| **Space type** |  |  | **Contact** | (0117) 428 4580 |
| **Asset name** |  |  | **Email** | steph.macdonald@bristol.ac.uk |
| **Asset code** |  |  |  |  |

**Key dates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date raised** | **Date requested** | **Priority** | **Target date** |
| 25/04/2025 11:03 |  | RM Priority 5- Within 1 month | 26/05/2025 08:00 |

**Work allocation**

|  |  |  |
| --- | --- | --- |
| **Trade** | **Contractor** | **Allocated to** |
| Contractor | BPM Contracting Services Ltd |  |

**Work details**

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| **Task : Investigate/fix Repair building wall** |
| Customer Comment:  The stables on the front have all had windows put in them except for 1. Please can the one in the middle have a window cut into it the same as the other ones.  Internal Comment: |
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**To be completed by Contractor operative**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Customer contacted on arrival 🗹 | 🞏 | Customer NOT contacted on arrival 🗹 | | 🞏 | Customer contacted on Leaving 🗹 | 🞏 | Customer NOT contacted on Leaving 🗹 | | | 🞏 | Name of person contacted | | |  |
| Record first response time for the work order | | | | | | | | | | | | | | |
|  | | | | | | | | Response Date  .... / .... / ....... | | | | | Response time  ...... : ....... | |
| Sign off when work order is completed | | | | | | | | | | | | | | |
| Operatives Signature  ……………………………… | | | Print Name  …………………………….. | | | | | | Completion Date    ...... /..... / ....... | | | Completion time    ....... : ........ | | |
| **To be completed by University of Bristol supervisor** | | | | | | | | | | | | | | |
| Supervisors Signature  ……………………………… | | | Print Name  …………………………….. | | | | | | Date ...... /..... / ....... | | | | | |