

# STATION CONFIGURATION CHANGE REQUEST FORM

<b>REQUEST LOG #</b>	<b>STATION</b> <input type="checkbox"/> MCMURDO <input type="checkbox"/> PALMER <input type="checkbox"/> SOUTH POLE	
<b>WBS #</b>	<b>BUILDING # OR STRUCTURE</b>	
<b>ORG. / T-EVENT</b>	<b>ROOM OR DESCRIPTION</b>	
<b>REQUESTOR</b>		<b>DATE</b>
<b>CONTACT ADDRESS</b>		<b>PHONE</b>
<b>CURRENT PROBLEM</b> (SAFETY, ERGONOMIC, ETC., ISSUES)		
IF A SAFETY ISSUE, WHAT IS UNSAFE?		
HOW WILL THIS ELIMINATE THE SAFETY HAZARD?		
<b>WORK DESIRED</b> (ATTACH LAYOUT, SKETCH OR DRAWING OF PROPOSED CHANGE)		
<b>RATIONALE FOR DESIRED WORK</b>		
<b>PEOPLE IN THE FACILITY AGREE WITH THIS CCR?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ARE PICTURES AVAILABLE? (IF YES - ATTACH PICTURES)</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>WILL THIS CHANGE INCLUDE ADDING OR MOVING EQUIPMENT OR FURNITURE?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IS NEW EQUIPMENT BEING ADDED?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>(IF YES, LIST EQUIPMENT SPECIFICATIONS)</b>		<b>COST IMPACT (ATTACH BACKUP DOCUMENTATION)</b>
<b>HEIGHT</b>	<b>POWER REQUIREMENTS</b>	<b>LABOR</b>
<b>DEPTH</b>	<b>VOLTS</b>	<b>MATERIALS</b>
<b>WIDTH</b>	<b>AMPS</b>	<b>TOTAL</b>
<b>SCHEDULE IMPACT</b> (ATTACH BACKUP DOCUMENTATION)		
<b>OTHER IMPACTS TO THE FACILITY</b>		

**ROUTING: E-MAIL ALL CCRs WITH ATTACHMENTS TO THE FACILITY MANAGER. DHQ. FILLED OUT BY STATION FACILITY ENGINEER.**

<b>ENGINEER'S COMMENTS</b> (REQUIRED IF DISAPPROVED)			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<b>DATE</b>	<b>BY</b>