# REQUEST FOR AIR CONDITIONING SERVICE

Broward Community College
Office of Energy Conservation

ORGANIZATION UNIT NUMBER _____ DATE _____

ORGANIZATION UNIT NAME _____ BLDG _____

REQUESTED BY _____ ROOM _____

APPROVED BY _____ CAMPUS ❑ C ❑ N ❑ S ❑ AH
Department Head ❑ PC ❑ FTLC ❑ L

APPROVED BY _____
College Services

**NATURE OF PROBLEM:**

- ❑ WARM/ Air blowing from register but not cool.
- ❑ WARM/ No air blowing from register at all.
- ❑ COLD/ Too much air blowing.
- ❑ UNUSUAL CONDITION/ Noise. Dirt from register, etc. *(Please describe fully below.)*

**DETAILS:**

_____

_____

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_____

DATE RECEIVED _____ ASSIGNED WORK # _____

CORRECTIVE ACTION TAKEN: TEMPERATURE

_____ R.A. _____

_____ D.A. _____

_____ ZONE _____

PERFORMED BY _____ DATE _____ TIME _____