

ACT Program Service Request / Work Order for Induction Loops

Requester Information: Completed by Requester				
1. PERSON REQUESTING INDUCTION LOOP SYSTEM		2. DATE OF REQUEST	3. TELEPHONE NUMBER	
4. AGENCY <input type="checkbox"/> DSHS <input type="checkbox"/> Other (specify):		5. DSHS ADMINISTRATION / DIVISION		
6. AGENCY ADDRESS				
Installation Information				
7. DATE OF EXPECTED INSTALLATION		8. SCHEDULED START TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		9. SCHEDULED END TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
10. CONFERENCE / MEETING SITE ADDRESS				
Please Provide Information Relating to the Conference Room, if applicable				
11. FACILITY CONTACT PERSON			12. PHONE NUMBER	
13. DATE(S) OF CONFERENCE / MEETING			14. CONFERENCE / MEETING SCHEDULE (ATTACH)	
15. ROOM SIZE	16. NUMBER OF TABLES / CHAIRS	17. PA SYSTEM WITH SPEAKERS		18. NUMBER OF MICROPHONES NEEDED
19. CART SERVICES	20. REMOTE PRESENTER	21. VIDEOCONFERENCE		22. NUMBER OF PEOPLE REQUESTING REASONABLE ACCOMMODATION
23. EXPLAIN CONFERENCE / MEETING ACTIVITIES				
24. NAME OF CONTACT PERSON (OTHER THAN REQUESTER)			25. CONTACT TELEPHONE NUMBER	
Expected Goals of Usage				
26. EXPLAIN EXPECTED GOALS OF THE INDUCTION LOOP SYSTEM USAGE				
27. REQUESTER'S SIGNATURE			DATE	

When completed filling out Items above 1 - 27, email this form to ACT Program Manager at steven.peck@dshs.wa.gov or Fax to (360) 725-3456.

Agency requesters do not write below this line. The ODHH ACT Program Manager and agency requester complete the following Items 1 - 15.

Vendor Assignment: Completed by ODHH ACT Program Manager and Agency Requester			
1. NAME OF VENDOR			
2. AREA OF EXPERTISE	3. VENDOR TELEPHONE NUMBER	4. EMAIL	

5. SITE ASSESSMENT NOTES			
6. VENDOR RECOMMENDATIONS			
Assignment Summary			
7. INSTALLATION DATE	8. START TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	9. SCHEDULED END TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	4. HOURS MINUTES TOTAL TIME: :
Contractor Assignment (check all that apply to this appointment)			
11. NUMBER OF HOURS		NUMBER OF HOURS	
<input type="checkbox"/> Loop System Assessment		<input type="checkbox"/> Staff Training	
<input type="checkbox"/> FM System Installation		<input type="checkbox"/> Maintenance / Repair	
<input type="checkbox"/> Permanent Loop System Installation		<input type="checkbox"/> Return equipment / exchange	
<input type="checkbox"/> Temporary Loop System Installation			
12. NOTES			
13. ACT PROGRAM NOTES			
14. CONTRACTOR'S SIGNATURE		ODHH APPROVAL SIGNATURE	
DATE		DATE	
15. Service Verification Information: Completed by Conference / Meeting Requester			
SERVICE			
Was this service completed? <input type="checkbox"/> Yes, complete VERIFICATION section below. <input type="checkbox"/> No, explain reason why this services was note completed:			
VERIFICATION			
CONFERENCE / MEETING REQUESTER'S SIGNATURE		DATE	