



UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION
MARINE CORPS BASE QUANTICO
3250 CATLIN AVENUE
QUANTICO, VA 22134-5001

IN REPLY REFER TO:
10110
B214
21 Dec 16

BASE FOOD SERVICE MEMORANDUM 02-17:

From: Food Service Officer, Food Service Branch, G-4 Logistics
To: District Manager, Sodexo Inc., Quantico

Subj: BASE FOOD SERVICE MAINTENANCE REPORTING PROCEDURES

Ref: (a) Regional Garrison Food Service Contract
M00027-11-C-0003

Encl: (1) Work Request Example

1. Per the reference, the Government will be responsible for the maintenance of mess hall facilities, which includes repairs to facility fixtures, including plumbing fixtures, light fixtures, repairing leaky faucets, toilets, and replacing burnt out light bulbs. The Contractor shall promptly notify the Government whenever the Contractor sees that a facilities maintenance task is required. **The Contractor shall attempt to unclog any clogged toilet, sink or drain, with a plunger (plumber's helper) before requesting assistance from the Government.**

2. All work orders will be called in Monday-Friday between the hours of 0700 and 1630. Please use the following procedure when reporting work orders:

a. Fill out form NAVFAV 9-11014/20REV.2-68)S/N0105-LF-002-7510, (which is located on the Base food Service web page) <http://www.quantico.marines.mil/OfficesSaff/G4Logistics/FoodServicesBranch.aspx>, then submit via email to mccdc_fdsvc_maintreq@usmc.mil.

(1) Instruction on filling out and submitting NAVFAV 9-11014/20REV.2-68)S/N0105-LF-002-7510.

Block 1 - GM name and building number.

Block 2 - The request number (provided by Base Food Service) BFS once submitted to Facility Maintenance (FM).

Block 3 - Base Food Service TR.

Block 5 - X in "Performance of Work" box.

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Block 7 - GM's Point of Contact information.

Block 8 - X in "Yes" "No" box if applicable.

Block 9 - N/A.

Block 10 - Detail description of the of item required to be repaired or replace. Provide exact location of item.

Block 12 - GM print full name and sign document.

(2) Submit completed work request to email provided in paragraph (1).

b. Once the requested repairs have been completed by Base Maintenance, the Sodexo Management Team is required to do the following:

(1) Fill in Block 6.

(2) Have Maintenance Tech sign the "Work Order Complete" log book.

(3) Make a copy of the Maintenance Tech's work order and file in maintenance book.

3. Emergency work orders (i.e. power, steam, water or electric outage) that occur during the weekends, holidays and hours from 1630 to 0730 will be called in immediately to Facility Maintenance Section (FMS) (703) 784-2073 by the General Manager (GM). The GM will also notify the District Manager (DM) or TR. The GM will follow up with NAVFAV 9-11014/20REV.2-68)S/N0105-LF-002-7510 form and submit per paragraph (1).

a. District Manager can be reached at (540)623-4522.

b. The GM is the primary point of contact for all work orders.

4. At the end of the month the Sodexo Management Team will ensure that the following items are filed in the Maintenance Book under the correct month:

a. Master Monthly Maintenance Log.

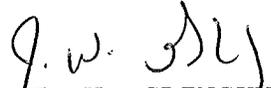
b. A copy of the "Work Order Complete" log book.

c. Reconciliation will be conducted on the 8th day of the following month. If the 8th falls on a weekend, reconciliation

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will be conducted on the business day prior. Matching completed work orders for both Base Food Service and Sodexo.

5. The point of contact is MSgt Osborne (703) 784-2491.


J. W. GLINSKY

Copy to:
District Manager
Technical Representative
Mess Hall Managers
QAE
File

WORK REQUEST (MAINTENANCE MANAGEMENT)

NAVFAC 9-11014/20 REV. 2-88) S/N 0105-LF-002-7610
Supersedes NAVDOCKs 2351

(PW Department see Instructions
in NAVFAC MO-321)

PART I- REQUEST (Filled out by Requester)

1. FROM: GM and Building #	2. REQUEST Number (for PW only): Work Number will be provided from BFS
3. TO: Base Food Service	GM will provide, emergency ticket# from FMS Help desk
5. REQUEST FOR: <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK.	6. Required Completion Date:
7. FOR FURTHER INFORMATION CALL: GM POC information.	8. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
Priority 1: Immediate (PW or APW Approval) Priority 2: Next work day (PW or APW Approval) Priority 3: 7 days	Priority 4: 14 days Priority 5: 1 Month Priority 6: When Possible
9. Priority: N/A	

10. Work Needed (Detailed Description)

Detailed description of the work requesting to be completed or fixed, (including Emergency ticket calls).

11. FUNDS CHARGEABLE N/A	12. SIGNATURE (Requesting Official) GM print full name and signature.
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PART II-COST ESTIMATE
(Filled out by Maintenance Control Division If estimate requested)

13. TO:	14. ESTIMATE NO.
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15. COST ESTIMATE		16. Sketch / Plan Attached <input type="checkbox"/> YES <input type="checkbox"/> NO	
a. Labor	\$	17. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25 TH OF _____ AND FUNDS MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. _____	
b. Material	\$		
c. Overhead and/or Surcharge	\$		
d. Equipment Rental/Usage	\$		
e. Contingency	\$		
f. TOTAL	\$	18. SIGNATURE	19. DATE

PART III – ACTION (Filled out and signed by individual completing work)

20. TO:

21.... AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	22.....WORK REQUESTED ___ BEEN CX ___ BEEN DEFERRED ___ WILL BE PERFORMED BY OTHERS ___ COMPLETED
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23. SIGNATURE	24. DATE
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