



UCF Building Sanitization Request Form

Requester Information:

Name: _____

Title: _____

Email: _____

Phone Number: _____

Date: _____

Building Information:

Department Requesting Sanitization: _____

Department account number to charge for sanitization: _____

Individual on the DAL approving the request _____

Was there an individual(s) with a laboratory confirmed illness inside a UCF Facility? _____

Building Name: _____

Building Number: _____

Room Location: _____

Description of space needing sanitization: _____

Date the individual(s) was inside the facility: _____

Was the individual(s) exhibiting symptoms while inside the facility? _____

Please explain why the space needs sanitization:

***Send completed form to wcc@ucf.edu for processing**

----- For EHS Use Only -----

Date: _____

Work Order Number: _____ Square Footage: _____

No Cleaning required Facilities Housekeeping Third Party Vendor: _____

Notification Prior to Work Starting

Building Manager Name: _____ Phone Number: _____

Email: _____

Department Head Name: _____ Phone Number: _____

Email: _____

Facilities (HK & Maintenance & FPC) Name: _____

Phone Number: _____ Email: _____

IT Point of Contact Name: _____ Phone Number: _____

Email: _____

Other: _____

Cleaning Action

Facilities Housekeeping Date (s) of cleaning: _____

Third Party Vendor: _____ Date(s) of Cleaning: _____

Cost: _____

EHS Staff: _____ Date: _____

Comments:

Send form to Emergency Management Department Director and upload to work order.

Email Date: _____