



**UCF Building Sanitization Request Form**

**Requester Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Building Information:**

Department Requesting Sanitization: \_\_\_\_\_

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](mailto: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: \_\_\_\_\_