

III. EQUIPMENT QUESTIONNAIRE

List the type of trucks you have available.

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.....
.....

Do you own the trucks or are they leased? Own Lease

Do your men have radios and beepers? Yes No

Please furnish the types and quantities of equipment you have available to move computer hardware.

.....
.....
.....

How many dollies do you own?

Are the wheels made of rubber?

.....
.....
.....

IV. The moving company will be responsible for protecting the facility during the move (i.e., masonite laid on all pathways from elevator or port of entry to office area, chipboards, corner protectors, etc.)
Please describe the method you use to protect the building and floor from damage.

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.....

V. Please state the name if the rigging company you will be using, if applicable.

.....

VI. Terms of Payment:

.....

VII. (Corporation) insurance requirements are specified in Exhibit (#). Please acknowledge your concurrence with these limits.

.....
.....
.....

VIII. Do you agree with (Corporation) Specifications for moving services listed on the previous page?

Yes No

FIGURE 19-2 (Continued)

POST-MOVE REQUEST

Please complete this form and return it to your Department's facilities contact after moving into your new work space

NAME _____ DATE _____

LOCATION _____ EXTENSION _____

URGENT! _____ DESCRIPTION OF PROBLEM _____

- Telephone - not functioning
- Voice Mail - not functioning
- Terminal/Computer- not functioning
- Electrical - no power
- Missing Items (please check Lost & Found)
- Network Connection
- Security Badge - not working
- Other (please describe)

NOT URGENT _____ DESCRIPTION OF PROBLEM _____

- Telephone - training, cords, setup
- Furniture - repairs, adjustments, missing pieces
- Keys - missing or broken
- Other (please describe)

REPORT OF DAMAGE DURING MOVE _____ DESCRIPTION OF PROBLEM _____

- Damaged furniture workstation, office,
- Damaged equipment - computer, printer
- Damaged walls, floors, etc.
- Other (please describe)

Please note that all requests will be prioritized and responded to in order received.

FOR FACILITIES/TELECOMM USE ONLY

DATE & TIME RECEIVED _____ BY _____

DATE & TIME REFERRED _____ BY _____

REFERRED TO: NAME _____ RESOLVED: NAME _____

- Facilities Property Mngmt
 - Security Tel/Data
 - Other
- Yes/Date
 - No/Reason

FIGURE 19-3

A Post-Move Evaluation Form benchmarks client's assessment of the move process.