

Facilities & Operations

How to Contact Facilities

- ▶ Phone Number: 619-644-7594
 - ▶ EX:7594
 - ▶ Between the hours of 7:00am-4:30pm
 - ▶ After hours **Emergency** Facilities calls should go to CAPS EX:7654
- ▶ Email: Grossmont.Maint.andOPS@gcccd.edu
 - ▶ 24hrs
 - Who is seeing my email?
 - ▶ Colleen Parsons - Administrative Assistant for Facilities
 - ▶ Ryan Althaus - Maintenance & Grounds Supervisor
 - ▶ Kurt Brauer - Custodial Supervisor swing shift
 - ▶ Bill Roessner - Custodial Supervisor night shift

Coverage For Our Campus

For the entire campus, including District buildings, we have:

1 Operations employee 6:00am-2:30pm (Mail, setups, recycling)

1 Day Shift Custodial 12:00pm-8:00pm

3 Swing shift Custodians 4:00pm-12:30am

17 Graveyard Shift Custodians 10:00pm-6:30am

1 Plumber 6:00am-2:30pm

1 Carpenter 6:00am-2:30pm

Coverage for our Campus Cont.

- 1 Access Control/Locksmith/Door Repair 7:00am-4:30pm
- 2 HVAC 5:00am-3:30pm
- 4 Grounds men for 135 acres 5:00am-1:30pm
- 1 Athletics Field Maintenance 6:00am-2:30pm
- 1 Athletics Maintenance Facilities 5:00am-1:30pm
(All Athletic ESW Facilities)
- 1 Athletics Maintenance Swing shift 2:00pm-10:30pm

When to contact Facilities

- ▶ When to Contact Facilities By Phone: Urgent time sensitive issues, leaks, safety issues, anything that would interrupt or effect classroom instruction or staff working environment.
 - ▶ If the phone goes to voicemail please leave a message as it is checked regularly. Also follow up with an email to Grossmont.Maint.andOPS@gcccd.edu
- ▶ When to Contact Facilities By Email: Non-urgent work orders, service requests, all after hours issues, recycle & shredding requests.
- ▶ For all building alarms, Fire alarms, and anything electrical please call Electronic Maintenance at 619-644-7761

How is your Work Order handled?

- ▶ Work orders are prioritized based on many factors including health and safety, classroom interruption, and employee availability.
- ▶ They are not prioritized on a first come first serve basis
- ▶ Depending on these factors some work orders can take longer to complete than others, regardless of when they were submitted.
- ▶ Needs will always be prioritized above wants
 - ▶ EX: pictures hung/office painting are examples of wants and will always be prioritized lower.

Types of Requests

- ▶ Work Order: a service request including repairs and maintenance
- ▶ Facility Project Requests: Beyond maintenance repairs and needs funding
- ▶ Grossmont College New/Relocation Office Request Form: For moving people
- ▶ Furniture/Equipment Move/Install Request Form: For equipment to be moved or installed
- ▶ Facility Use Request Form: For special event setups (Our Department approves or denies the request based upon the setup feasibility only)
 - ▶ For example is the setup doable, do we have enough employees to do this particular setup, is there a liability issue with the set up?

Grossmont College New/Relocation Office Request Form

Fiscal Year _____

*THIS FORM IS FOR MOVING PEOPLE ONLY AND NOT FURNITURE & EQUIPMENT
(Attach the FURNITURE/EQUIPMENT MOVE/INSTALL REQUEST FORM if needed)*

Office Space Requested For: _____

Contact Person Name: _____ Phone: _____ Dean: _____

Check One: Full Time Faculty Part Time Faculty Full Time Classified

Part Time Classified Other (Fill in status) _____

Extension: _____ Department/ Program _____ Date _____

Location of Existing Office (Include building & office number if new position write N/A)

Location of Proposed Office (Include building & office number)

Brief Comments (Reason for move, will this cause additional staff moves, pertinent information, etc...)

Forward this to your Dean for approval. She/He will then forward to the Grossmont College Instructional Operations Department. The Instructional Operations office will log in the request and review request and forward to the Vice President for approval. The Vice President will forward the approved request form to the facilities office for approval and scheduling of the move. Copies of the approved form with all signatures will be sent to the appropriate Dean, Vice Presidents, Instructional Operations, Learning & Technology Resources, and the Campus Business Office.

Appropriate College Dean _____ Date _____

Instructional Operations _____ Date _____

Appropriate Vice President _____ Date _____

Facilities Office _____ Date _____

Notes: _____

Furniture/Equipment Move/Install Request Form

(This includes new and used furniture/equipment to be moved or installed. The purpose is to see if the item is compatible, feasible, ADA compliant, IT/IS compatible, and MEP compliant (Mechanical, Electrical, Plumbing).

Requesters Name: _____

Extension: _____ Department/Program: _____ Date: _____

Location of Existing Furniture/Equipment (Include building & room number)

Proposed New Location (Include building & room number)

Brief Comments (What is to be moved/installed, the reason for the move/install, and any other pertinent information. Attach page for additional description, drawings, and photos if needed)

What are the Requirements of the New/Used Furniture/Equipment (Example: type of electrical, IT, IS, plumbing, carpentry, assembly? Include make and model#, size, and any spec sheets that may help. Attach page for additional description drawings and photos)

No moves or installs are to take place until the GC Facilities Office has approved.

Required Signatures

Chair/Supervisor (print & signature): _____ Date _____

Dean/Director (print & signature): _____ Date _____

Vice President (print & signature): _____ Date _____

GC Facilities Director (print & signature): _____ Date _____

Additional Signature May be Required

District Electrical: _____ Date _____

Technology (District/College): _____ Date _____

District Warehouse & Inventory: _____ Date _____

Notes: _____

Moving People

Moving Equip.

FACILITIES USE REQUEST FORM

GROSSMONT COLLEGE FACILITY USE REQUEST/DATA SHEET

PLEASE TYPE AND RETURN FACILITY REQUEST TO:
 INSTRUCTIONAL OPERATIONS (10-124), GROSSMONT COLLEGE
 8800 Grossmont College Drive, El Cajon, CA 92020

- CONFIRMATION COPY WILL BE RETURNED TO YOU AFTER APPROVAL
- Event may not be advertised until the form has been fully approved.**
- Internal Request: Must submit with both signatures below at least 3 weeks prior to event.**
- External Request: Must submit with both signatures below at least 5 weeks prior to event.**

I UNDERSTAND THAT LATE SUBMISSIONS ARE NOT GUARANTEED

DATE OF REQUIREMENT	CHECK DAY OF REQUIREMENT S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>	TIME OF EVENT	
		FROM: AM <input type="checkbox"/> PM <input type="checkbox"/>	TO: AM <input type="checkbox"/> PM <input type="checkbox"/>
TYPE OF FACILITY REQUESTED:		Event <u>Set Up</u> Start Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	EXPECTED ATTENDANCE:
NAME OF COLLEGE, DEPARTMENT AND/OR COMMUNITY SPONSORING AGENT:			PROGRAM STARTS:
TYPE OF ACTIVITY:		WILL ADMISSION BE CHARGED OR DONATIONS SOLICITED?	YES <input type="checkbox"/> NO <input type="checkbox"/>

FURNITURE (Check what you need, provided based on availability.)

CHAIRS: No.

TABLES: No. (6' LONG) OR No. (5' ROUND)

CANOPY: No. (10X10) OR No. (20x20)

STAGE:

PODIUM:

PIANO:

BBQ:

ELECTRICAL EXTENSION CORD(S):

WILL FOOD BE SERVED? YES NO

OTHER:

IF SET-UP IS REQUIRED, A DIAGRAM MUST BE ATTACHED TO FACILITIES REQUEST FOR APPROVAL.

A CERTIFICATE OF INSURANCE in a minimum amount of \$1,000,000 (\$500,000 Property Damage and \$500,000 Liability) must be filed with the Grossmont-Cuyamaca Community College District prior to any event naming the District as an additional insured. Such policy shall be considered primary to all District policies whether self-issued or not. Small groups may be exempt from this requirement, but are required to submit a release of liability statement. For details, contact Business Communications Services at 644-7620.

REQUESTED BY: _____
 NAME (PRINTED) ADDRESS CITY PHONE

PERSON IN CHARGE OF EVENT (MUST BE PRESENT ON SITE DURING EVENT):

PRINT NAME: _____
 NAME ADDRESS CITY CELL PHONE

SIGNATURE: _____
BY SIGNING, I UNDERSTAND THAT LATE SUBMISSIONS ARE NOT GUARANTEED

APPROXIMATE CHARGES FOR FACILITIES USE:
 Facilities Rental Cost \$ _____
 Personnel Charges \$ _____
 District Personnel Charges \$ _____

FACILITY USE AGREEMENT

1. Authorized facilities will be used solely for the purpose specified in the approved Facility Use Request/Data form.

2. The following activities are not allowed:

- a) Illegal drugs are prohibited on district property.
- b) Alcohol without proper licenses and permissions.
- c) Excessive use of profanity which disturbs the peace.
- d) Smoking and tobacco use is prohibited on district property.
- e) Excessive or inappropriately amplified noise.
- f) No indoor cooking, tailgating or BBQ's without prior written authorization.
- g) No animals are allowed on district property with the exception of service animals.
- h) No skateboards, rollerblades, or hover boards are allowed on campus. Bicycle use on interior campus or pedestrian pathways is prohibited.

3. Other Information

- a) PUBLICITY INFORMATION: Contact Student Activities Office for on-campus coverage/clearance.
- b) Contact Campus photography for services at 619-644-7377.
- c) All facilities are subject to charges for use. Abatement charges indicated at the time of rental are subject to adjustment if actual costs exceed the estimated amount.
- d) A minimum set-up charge will be assessed if cancellation is received less than one week in advance of the event.
- e) Requests that are accepted for campus facilities from external users, more than sixty days in advance, are subject to cancellation in the event of required College use.
- f) All conditions covering federal copyright laws must be adhered to by the entertainer, promoter, or the College nonprofit or profit sponsor for music programs presented on campus.
- g) The facility user may use the College name for location identification only (i.e. on signs and advertisements).
- h) The approved Facility Use Request form is the functional Facility Use Permit. The event manager/organizer must have the permit on hand for the duration of the event.
- i) For special accommodations or questions please contact DSPS at 619-644-7112.

Signed: _____	Date: _____
Print Name: _____	
Name of User Group: _____	Facility Use Date(s): _____