

LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
SHREVEPORT

PHYSICAL PLANT AND FACILITY PLANNING
POLICY AND PROCEDURE MANUAL

Policy Review Committee

Associate Director _____ Date: _____

Assistant Director _____ Date: _____

Business Manager _____ Date: _____

Facility Manager
(Maintenance) _____ Date: _____

Facility Manager
(Operations) _____ Date: _____