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MAINTENANCE REQUEST

REQUESTED BY	DEPARTMENT / PHONE	DATE	WORK ORDER NO.

Building / room _____ Equipment / asset no. _____

TYPE

- ❑ Electrical
- ❑ Plumbing
- ❑ Heating / cooling
- ❑ Doors / locks
- ❑ Furniture
- ❑ Lighting
- ❑ Cleaning / spill
- ❑ Grounds / exterior
- ❑ Other

PRIORITY

- ❑ Emergency (safety risk, now)
- ❑ Urgent (within 24 h)
- ❑ Routine (this week)
- ❑ Planned (schedule)

DESCRIBE THE PROBLEM (WHAT, WHERE EXACTLY, SINCE WHEN)

Best time for the work _____ Approved by (if needed) _____

Completion (technician)

WORK DONE

Parts / labor	Qty / hours	Unit cost	Amount
Total cost			

Technician _____ Date completed _____ Requester satisfied _____