

MAINTENANCE REQUEST FORM
IF THIS IS AN EMERGENCY
(HEALTH, SAFETY, SANITATION OR SECURITY)
PLEASE CALL 423-5415 OR 423-5184
IF NOT PLEASE FAX FORM TO 423-5394

Priority	
High	
Med	
Low	

Date		a m	p m
Time			

JOB LOCATION _____ **ROOM NUMBER** _____

ORIGINATOR/ CONTACT _____ **PHONE NUMBER** _____

DESCRIPTION OF JOB (ONLY ONE JOB ALLOWED PER SHEET)

SITE ADMINISTRATOR APPROVAL (WORK WILL NOT BE PERFORMED WITH OUT SIGNATURE)

MAINTENANCE USE ONLY

TIME REQUESTED TO COMPLETE JOB

PRIORTY #1

PRIORTY #2

PRIORTY #3

COMMENTS & SPECIAL CIRCUMSTANCES

MAINTENANCE TECH SIGNATURE _____ **DATE COMPLETED** _____

SUPERVISOR SIGN OFF
