BUILDING & OFFICE MAINTENANCE

WORK ORDER REQUEST FORM

Date of Request: _____

REQUESTER INFORMATION

Department: _____ Requester: _____

Phone: _____ Email: _____

LOCATION OF WORK REQUEST

Building/Facility: _____ Office/Room/Area: _____

Additional Note: _____

TYPE OF REQUEST

☐ HVAC	☐ Window	☐ Furniture/Fixture	☐ Pest Control
☐ Plumbing	☐ Wall/Ceiling	☐ Equipment	☐ Safety Concern
☐ Electrical	☐ Flooring/Carpet	☐ Door/Lock/Key	☐ General Repair

Other: _____

PRIORITY

☐ Emergency
Immediate threat to health, safety, or essential operations.

☐ Priority
Affects normal operations.

☐ Urgent
Significant operational, safety, or essential-service impact.

☐ Routine
General maintenance; no operational impact.

EMERGENCY NOTICE: For immediate hazards, contact the appropriate emergency department. Poison Control: 800-222-1222

DESCRIPTION OF REQUEST

_____

_____

_____

_____

_____

ACCESS INFORMATION

Can maintenance staff access the area during maintenance hours (5:00am-2:00pm)? ☐ Yes ☐ No

If no, preferred access time/instructions: _____

Does department staff need to be present? ☐ Yes ☐ No

If so, who? _____ Number: _____

Requester Signature: _____ Date: _____