

MAINTENANCE WORK ORDER FORM

Today's Date:

CONTACT INFORMATION

Name:

Department:

Email:

Phone:

WORK ORDER INFORMATION

Location:

Include address, room information, and any special instructions for accessing the location.

Asset:

Provide asset number or description, if applicable.

Task Type:

- Automotive
 Custodial
 Electrical
 Equipment

- Grounds
 HVAC
 Pest Control
 Plumbing

- Safety & Security
 Other:

Priority:

Low

Medium

High

Emergency

Description of Task and Materials:

Include details of the task or repair and materials, parts, or tools needed, if known.

Recommended Service Window:

Include days of the week and time windows (not guaranteed).

Task Due Date:

TASK COMPLETION DETAILS

Technician Assigned:

Date Completed:

Description of Work Completed:

Supplies or Parts Used:

Cost: