FACILITIES WORK REPAIR FORM

Date:__________________________  Shift:  1  2  3

Building/Room No.___________________________________________

NAME: _______________________________________________________

REMARKS: ____________________________________________________

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1ST REQUEST_____________________ 2ND REQUEST__________________

BROKEN GLASS:  In window       door          other

CEILING TILES  Missing – Broken - Stained

DOOR CLOSERS  Broken – Will not work

DOORS:  Sticks – Sagging – Broken
        (Type Door) – Wood – Metal - Glass

ELECTRICAL REPAIR  Switch – Wall plug

FLOOR TILES:  Loose - Missing

LEAKING:  Faucet – Shower – Toilet
          Urinal – Pipe - Radiators

LIGHT REPLACEMENT:  Bulb - Tube

LOCKS:  Broken key in lock - Loose

PLASTER:  Broken – Cracked - Loose

PLUGGED:  Floor Drain – Sink - Soap

REPAIR CLASSROOM:  Dispenser – Toilet - Urinal

WATER FOUNTAIN:  Leaking – Water is warm

TOILET FIXTURES:  Seat: Loose – Broken
                  Tissue holder: Loose – Broken - Missing

December 2016