

MDHS/DYS Oakley Training School
Work Order Form -- VI.2.A

Requestor: _____

Date: _____

Location: _____

Describe Problem: _____

Date Work Order Received: _____ Maintenance Control Number: _____

Status: Urgent _____ Essential _____ Projected _____

Estimated Completion Date: _____

Maintenance Supervisor: _____

Date: _____

Maintenance Person(s) Assigned: _____
Initials(s)

Date: _____

Time/Date Began: _____

Time/Date Completed: _____

Description of Repair / Comments: _____

Maintenance Signature(s)

Follow-Up

This is to certify that I have inspected the above work and that it has been completed to my satisfaction.

Maintenance Supervisor: _____

Date: _____

Comments: _____

- NOTE: 1. No job will be done without a Work Order.
2. The Work Order should be turned in to the Maintenance Supervisor as soon as job is completed.
3. The Work Order should be logged in the Work Order Log.