



**MAINTENANCE  
REQUEST FORM**



**MAINTENANCE  
REQUEST FORM**

JOB# \_\_\_\_\_ DATE \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

EXPLANATION OF UNSAFE CONDITION

(Describe in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF NECESSARY DRAW A DIAGRAM IN THE BOX**

**RECOMMENDATIONS TO CORRECT THIS CONDITION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**(MAINTENANCE DEPARTMENT USE)**

Tag job#: \_\_\_\_\_

CORRECTIVE ACTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COST: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

Repair Completed: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_

Picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

NEXT Planned Maintenance schedule Date: \_\_\_\_\_

Heavy-Floor Equipment: 8 months  
Vacuuming equipment: 6 months

JOB# \_\_\_\_\_ DATE \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

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(Describe in detail)

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