**Maintenance Request Form**

**Facilities Management**

**Operation & Maintenance**

Telephone (410) 951-1234

[wcc@coppin.edu](mailto:WCC@Coppin.edu)

**The Office of Facilities Management asks that all work requests be submitted on this form.**

**The only requests that will be taken by phone will be emergency maintenance calls. *For Emergency Maintenance call (410) 951-1234.***

***Please send all event and setup related requests to Events and Conference Services for approval.***

**Some requests may require additional services that will be the financial responsibility of the department. Submitting this form indicates your department accepts all financial responsibility & has reviewed, understood, and agreed to adhere to all policies.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Request:** | | | |  | **Requestor:** |  | | | |
| **Department:** |  | | |  | **Budget #:** |  | | | |
| **Building:** |  | | |  | **Room/Suite #:** | |  | | |
| **Campus Ext:** |  | | |  | **Service(s) Required:** | | | |  |
| **Description of Work Required:** | | |  | | | | | | |
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| **Requested date of completion:** | | |  | | | | |
|  | | | **Please input specific date – Not ASAP** | | | | |
| **This request requires approval from Department/Division Head** | | | | | | | |
| **Approved by:** | |  | | | | | |
|  | | |  | | | | |

FORWARD ALL COPIES TO WORK CONTROL CENTER (W.C.C.): [wcc@coppin.edu](mailto:wcc@coppin.edu)

**FACILITY DEPARTMENT USE ONLY**

**\*\*WORK ORDER NUMBER MUST BE AFFIXED BY OFFICE BEFORE JOB CAN BE PERFORMED\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ASSIGNED TO: |  | | |  | W.O.# |  |
| TIME STARTED: |  | | |  | DATE RECEIVED W.O. |  |
| TIME COMPLETED: |  | | |  | WCC LOG ENTRY YES |  |
| DATE COMPLETED: |  | | |  | INITIALS: |  |
|  | |  | | | | |
| DESCRIPTION OF WORK PERFORMED: | | |  | | | |
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| --- | --- | --- | --- |
| Verification of work by Supervisor: | 🞏 Yes 🞏No | Date & Initials: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Verification of work by Supervisor: | 🞏 Yes 🞏No | Date & Initials: |  |