

FACILITIES WORK REPAIR FORM

Date: _____ Shift: **1** **2** **3**

Building/Room No. _____

NAME: _____

REMARKS: _____

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