

MAINTENANCE TROUBLE/SERVICE TICKET						
BUILDING FACILITY		JOB ORDER NUMBER		LC	DATE/TIME RECEIVED	
REPORTED BY				PHONE NUMBER		NO
<input type="checkbox"/> REPAIR	<input type="checkbox"/> COMMODE	<input type="checkbox"/> LIGHT/LIGHT FIXTURE		RECEIVED BY		
<input type="checkbox"/> REPLACE	<input type="checkbox"/> URINAL	<input type="checkbox"/> SWITCH		DECK 1 2 3 B WOMEN		
<input type="checkbox"/> UNSTOP	<input type="checkbox"/> SINK	<input type="checkbox"/> OUTLET		ROOM		
<input type="checkbox"/> LEAKING	<input type="checkbox"/> DRAIN	<input type="checkbox"/> HEATING/COOLING		WING N S E W MEN		
<input type="checkbox"/> RUNNING	<input type="checkbox"/> FAUCET	<input type="checkbox"/> DOOR/DOORLOCK				
<input type="checkbox"/> INSUFF	<input type="checkbox"/> HOT WATER	<input type="checkbox"/> WINDOW/GLASS				
OTHER						
WORK PERFORMED(Continue Reverse Side)						
WK CTR	M-H	LABOR CST	MATL CST	TOTAL CST	WORKMAN	SUPERVISOR
START DATE/TIME		COMPLETION DATE/TIME		PERFORMANCE AUTHORIZED		

29P 11014/15(12-02)						
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