Maintenance request

Your company name

REQUEST NO.

WHO IS ASKING

YOUR NAME

DEPARTMENT OR SHIFT

DATE AND TIME

WHAT IS WRONG

MACHINE OR AREA

LOCATION

IS IT SAFE TO USE?

☐ Yes ☐ No ☐ Not sure

WHAT DID YOU SEE, HEAR OR SMELL?

HOW URGENT IS IT?

☐ Stopped ☐ Slowing us down ☐ Can wait

PHOTO ATTACHED

☐ Yes ☐ No

FOR MAINTENANCE

RECEIVED BY

DATE

DECISION

☐ Work order ☐ Not needed

☐ Duplicate

WORK ORDER NO.

ASSIGNED TO

REPLY TO THE PERSON WHO ASKED

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