

AISD Custodial Work Order (CWO)

Location: _____ Room # _____ Custodial Work Order #

Reason for Work Request (must check one of the boxes):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> General Request explain below | <input type="checkbox"/> Preventive Maintenance | <input type="checkbox"/> Minor Installation | <input type="checkbox"/> Minor Painting |
| <input type="checkbox"/> Return for same problem | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Minor Plumbing | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Relocate/Transfer Equipment & Furniture | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Lighting | <input type="checkbox"/> Need Supplies |

Requested by: _____ Date: _____
(Print Name)

Location and Description of services requested. (print/attach site plan): _____

[For Head Custodian Use ONLY] Date CWO Received: _____ Priority [911/H/M/L] _____

In-House Send to Maint. Estimated Completion Date: _____ **Work Started On:** _____
Date Completed: _____

Head Custodian's Comments: _____

The following data is not required for regular custodial duties (cleaning inside/yard, installing bulbs and minor projects that do not require the direct purchase of supplies such as paint, plumbing or hardware parts.

LABOR:	Est.	Actual @	Actual @	Actual	Dates	Pay	O.T.	Labor
Custodian	Hours	Straight	Overtime	Total	Worked	Rate	Rate	Cost
SUB-TOTAL LABOR								

SUPPLIES/EQUIPMENT:		Quan-	Unit	Total
PO#:	Description	tity	Cost	Cost
SUB-TOTAL SUPPLIES/EQUIPMENT				

TOTAL COSTS

NOTES: _____

Parts Order Date: _____ Date Parts Rec'd: _____ Parts Installed Start Date: _____

Custodian's Signature/Date signifying completion: _____

Head Custodian Signature/Date signifying inspection and approval: _____

Director's Signature/Date signifying inspection and approval: _____

Deliver completed CWO to the HEAD CUSTODIAN