

AISD Maintenance Work Order (MWO)

Location: _____ Room # _____ Maintenance Work Order #

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Emergency Code A | <input type="checkbox"/> Preventive Maint. Code D | <input type="checkbox"/> Installation Code G | <input type="checkbox"/> Electrical "K" |
| <input type="checkbox"/> General Request explain below Code B | <input type="checkbox"/> Major Yard Work Code E | <input type="checkbox"/> Heating Code H | <input type="checkbox"/> Plumbing "L" |
| <input type="checkbox"/> Return for same problem Code C | <input type="checkbox"/> District-wide Activity Code F | <input type="checkbox"/> Air-conditioning "J" | <input type="checkbox"/> Roof "M" |

Requested by: _____ Approved by: _____ Date: _____
(Print Name) (Principal/Director/Head Custodian)

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

[For Maintenance Department Use ONLY] Date MWO Received: _____ Priority [911/H/M/L] _____

In-House Contract-Out Estimated Completion Date: _____ **Work Started On:** _____
Date Completed: _____

Director's Comments: _____

LABOR:	Est.	Actual @	Actual @	Actual	Dates	Pay	O.T.	Labor
Worker	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				

CONTRACTED SERVICES			Total
PO#:	Vendor	Description	Cost

TOTAL COSTS

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

Workman's Signature/Date signifying completion: _____
 Director's Signature/Date signifying inspection and approval: _____
 Head Custodian/Site admin, at campus/department, signifying inspection and completeness: _____

Deliver or fax completed MWO to Frances Buckmaster at 886-2420.