MDHS/DYS Oakley Training School
Work Order Form -- VI.2.A

Requestor: ___________________________ Date: ___________________________

Location: ___________________________

Describe Problem: __________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date Work Order Received: ___________ Maintenance Control Number: ___________

Status: Urgent ______ Essential ______ Projected ______

Estimated Completion Date: ______________ Date: ___________________________ 

Maintenance Supervisor: ___________________________ Date: ___________________

Maintenance Person(s) Assigned: ___________________________ Date: ___________

Initals(s) 

Time/Date Began: _______________ Time/Date Completed: _______________

Description of Repair / Comments: __________________________________________
__________________________________________________________________________
__________________________________________________________________________

Maintenance Signature(s)

______________________________

Follow-Up
This is to certify that I have inspected the above work and that it has been completed to my satisfaction.

Maintenance Supervisor: ___________________________ Date: ___________________

Comments: 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

NOTE: 1. No job will be done without a Work Order.
   2. The Work Order should be turned in to the Maintenance Supervisor as soon as job is completed.
   3. The Work Order should be logged in the Work Order Log.