

**COLLETON COUNTY FACILITIES MANAGEMENT  
DEPARTMENT**

**MAINTENANCE WORK ORDER**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Department: \_\_\_\_\_

Building: \_\_\_\_\_

Emergency=within 24 hours

Contact Person: \_\_\_\_\_

Urgent= 2 day completion

Routine= 5 day completion

Phone: \_\_\_\_\_

General Repair  HVAC  Electric  Plumbing  Carpentry/Painting

Description \_\_\_\_\_

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Comments from Tech \_\_\_\_\_

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Parts Ordered  
Estimated Completion: \_\_\_\_\_

Time In: \_\_\_\_\_  
Time Out: \_\_\_\_\_  
Total Time: \_\_\_\_\_

Completed By \_\_\_\_\_ Completed Date \_\_\_\_\_