

**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 _____

Comments from Tech _____

☐ Parts Ordered

Estimated Completion: _____

Time In: _____

Time Out: _____

Total Time: _____

Completed By _____ Completed Date _____