



ZONE MECHANIC REQUEST FOR SERVICE

To: _____ Date: _____
(School Administrator)

From: _____ Room/Area: _____

Time classroom is vacant: _____

Please check my room for the following:

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Air Temperature | <input type="checkbox"/> Clock | <input type="checkbox"/> Flooring | <input type="checkbox"/> Touch-up Painting |
| <input type="checkbox"/> AN | <input type="checkbox"/> Door Lock | <input type="checkbox"/> Lights | <input type="checkbox"/> Pencil Sharpener |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Exposed Wires | <input type="checkbox"/> Outlets | <input type="checkbox"/> Security Alarm |
| <input type="checkbox"/> Cabinets | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> P.A. System | <input type="checkbox"/> Sink |

Other: Description, Comments, Additional Items: _____

(Please write or print plainly, giving as much detail as possible.)

This form must be approved by an administrator or designee before it is forwarded to the Zone Mechanic.

Authorized by: _____ Date: _____

BELOW THIS LINE FOR ZONE MECHANIC USE ONLY

Date Received: _____ Received By: _____

Date Request Was Completed: _____ Date Parts Ordered: _____

Request for Service sent to Maintenance Satellite via:

- Telephone: emergency W/O#: _____
- Written W/O request: attached for school site administrator to authorize and forward to the maintenance satellite. School Request #- _____
- Warranty Trouble Form: forwarded to the Department of Facilities Design & Quality Control. Copy attached.

Comments/Status/Follow-up Action: _____