



Daily Maintenance Request Form

School/Worksite:		Room/Location of Concern:		Date:
Requested by:			Position/title :	
Nature of Request-Check all that apply				
<input type="checkbox"/>	Desks	<input type="checkbox"/>	Locks	
<input type="checkbox"/>	Doors	<input type="checkbox"/>	Mechanical	
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Windows and/or coverings	
<input type="checkbox"/>	Flooring	<input type="checkbox"/>	OTHER	
<input type="checkbox"/>	Lockers	<input type="checkbox"/>		
<input type="checkbox"/>	OHS Concern (brief explanation):			
Explanation for the Request:				
Return this form to your Principal or Assistant Principal.				
Submitted (Principal/Vice-Principal Name):			Signature:	
Recommendation or Action taken:				
Date Completed:				
OFFICE USE ONLY				
Received by:	Date Received :	Assigned to :		