

Facility Equipment Maintenance Work Order

Work Order No.**Date Requested****Priority** **Requested By****Department****Contact Phone / Email****Equipment / Asset Name****Asset ID / Serial Number****Location****Description of Issue / Request****Corrective Action / Comments****Assigned To**

Date Started

Date Completed

Materials / Parts Used

Description	Qty	Cost	Remarks
Part Description	Qty	Cost	Remarks

Requested By (Signature)

Signature

Maintenance (Signature)

Signature

Date