



COAHOMA COMMUNITY COLLEGE MAINTENANCE DEPARTMENT WORK ORDER FORM

ORDER NUMBER _____

PERSON REPORTING JOB _____ DATE REPORTED _____

JOB LOCATION/ROOM NUMBER	DATE/TIME JOB STARTED	DATE/TIME JOB COMPLETED

ITEM #	DESCRIPTION OF JOB(S) TO BE DONE
1.	
2.	
3.	
4.	
5.	
6.	
7.	

MATERIAL NEEDED OR USED ON JOB: Do not write in space below. To be completed by maintenance personnel ONLY.

TOTAL TIME ON JOB (INDICATE TOTAL TIME SPENT ON JOB FOR TODAY)

MECHANIC/HELPER	SUN	MON	TUES	WED	THURS	FRI	SAT

Tradesmen must have a total of 8 "hands-on (working) hours accounted for. Do new work sheet for job continuation.

Work Completed Satisfactorily:

APPROVED BY _____

DATE _____