Facilities Work Order

YFM Staff and Ministry Leaders

Originator: _____ Date: _____

Date work needs to be completed by: _____

Is there a risk of personal injury or property damage if not corrected? YES / NO

Rate the urgency of this request on a scale from 1 to 7 _____

(1 = Extremely Urgent/Emergency; 7 = Sometime this Year)

Specific location of work to be performed _____

Has staff made an attempt to correct the problem? YES / NO If so, who? _____

Please describe the problem or work to be performed. *Place completed form in Kathy Gram's box in the copier office – thank you.*

Trustee Use Only

WO # _____

Date WO Rec'd: _____ *Date completed:* _____

Work Performed by: _____

Expenses Incurred: _____

Updated 4/10/19