



## Maintenance Work Order Form

158 Harwood Ave S 2nd Floor, Suite 203 Ajax, ON L1S 2H6 905-619-1109 jennifer@cfoc.ca	<b>DATE</b>	
	<b>LOCATION</b>	

<b>NAME:</b>		<b>ROOM</b>	
<b>SUPERVISOR:</b>		<b>ITEM</b>	

<b>ISSUE:</b> What happened, identify the issue, whats wrong, what is needed, identify the part etc.	
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<i>MARK WITH "X"</i>	<b>ELECTRICAL</b>		<b>Submission</b>
<b>FIRE SAFETY</b>	<b>IPAC</b>		
<b>MAINTENANCE</b>	<b>FOOD SAFETY</b>		
<b>HEALTH AND SAFETY</b>	<b>OTHER</b>		

<b>OFFICE USE ONLY</b>	
<b>DESCRIPTION</b>	

DESCRIPTION / COST	COST / ITEM	AMOUNT

<b>WORK ORDER COMPLETED BY</b>		<b>SUBTOTAL</b>		
<b>WORK AUTHORIZED BY</b>		<b>TOTAL TAX</b>		
<b>SUBMISSION DATE TO OFFICE</b>		<b>OTHER COST</b>		
<b>AUTHORIZATION DATE</b>		<b>TOTAL</b>		

**NOTES:**