



MAINTENANCE REQUEST

Location: (Please Circle One)

Autumn Connie Gayle Debra Lane Durian Elizabeth Lupe NPS
Meadow Lake Naomi Orlando Pina Teen Thomson Accounting
TC House PS Office Administration FA Office Therapist Office
Kitchen Purchasing Rec. Room BSR Room TBS Office

Other Location: _____

Describe What:
Describe Where:

Safety Hazard Concern:

Maintenance Comments:

Safety Committee Member Comments:

Signature of staff making report: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____