* * * Please use ink and fill o	ut form completely and legibly * * *
Site: Room N	umber/Location:
Date: Initiated by:	
Site Coordinator:	Priority Number:
Priority	
High	Low
300 = Obstructed/no supply air (stuffy room)	100 = Dusty
301 = Visible mold present on surfaces	101 = Trash present
302 = Complaints from staff/students	102 = Spills/stained carpets
	103 = Odor from drain traps
	104 = Excess moisture on surfaces
Moderate	105 = Blocked ventilating unit supply or return
200 = Water damage, ceiling tiles	106 = Windows inoperable
201 = Signs of pests/rodents	107 = Ventilating fan not operating
202 = Odors of unknown origin	108 = Return Supply grills dirty
203 = Pesticides present	109 = Scented stick-ups in classroom
204 = Moist/damp carpet	110 = Temperature too high or low
205 = Roof leaks present	111 = Other
Description of Concern (include detail i.e. what concern	is, number of people effected, how long has problem existed, etc. $$
Do not write in this k	oox, for M & O use only
Date received:	Received by:
Assigned to:	Priority:
Est. completion date:	
Estimated time:	
Maintenance and Opera	ations, FAX to (310) 286-9536

Note: Site Coordinator: Please Fax All Completed Forms Immediately To Director of M+O And Mail Yellow Copy
White - Site Coordinator Yellow - Director of M + O Pink - Asst. Supt. Business Gold - Originator