

**FLOWING WELLS SCHOOLS
PLANT MAINTENANCE WORK ORDER**

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|----------------------------|-------------------|--------------------------------------|--------------|-----------------------|
| SCHOOL/DEPT | BLDG AREA or ROOM | REPAIR <input type="checkbox"/> | PRIORITY | WORK ORDER NUMBER |
| | | MANUFACTURE <input type="checkbox"/> | | |
| NAME OF REQUESTOR | TELEPHONE NUMBER | | REQUEST DATE | COMPLETION DATE |
| SIGNATURE: PRINCIPAL/SUPV. | DATE | APPROVAL <input type="checkbox"/> | DATE | SIGNATURE: MTCE. DIR. |
| | | DISAPPROVAL <input type="checkbox"/> | | |
| JOB DESCRIPTION | | | MAN HOURS | LABOR COST |
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Rev. 2/2011

9-FW20150

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