



Priority



# Building/Room Maintenance Request Form (Staff)

Date:.....

Building & Room:.....

Name:..... Sign:.....

PLEASE TICK ✓

**PLUMBING**

**HEATING/COOLING, ELECTRICAL**

**SECURITY/LOCKS/FIRE SAFETY**

**GRAFFITI**

**WALL/FLOOR COVERINGS**

**SHAMPOO CARPET**

**PEST (mice, insects)**

**JOINING (furniture, cupboards, benches)**

**OTHER**

Details:

.....  
.....  
.....  
.....  
.....

### Office Use Only

Action

Taken:.....

Referred to DFM for Action: YES/NO **BEIMS** work Order No:.....

Signature:..... (when fixed) Date Fixed:.....