



PROBLEM REPORT

TODAY'S DATE:

REPORTED BY:

CREW:

BLDG #:

BLDG NAME:

ROOM #/
LOCATION:

PROBLEM TYPE:

NEW CONSTRUCTION

ENERGY

MAINTENANCE

SAFETY

EQUIPMENT #:

EQUIPMENT DESCRIPTION:

PROBLEM/OBSERVATION:

SUGGESTED RESOLUTION(S):

CUSTOMER NAME:

CUSTOMER PHONE #:

TO BE COMPLETED BY SKILLED TRADES SUPERVISOR:

NOTES:

ADDRESS UNDER M&R*? Yes No

CREW:

SPVR INITIALS:

DATE:

**If yes, turn in to Asset Mgmt. Ops. Coordinator (C. Litwiller). If no, turn in to the Maintenance Mgr.*

