

MTEC Maintenance Form

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Problem:

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> HVAC	<input type="checkbox"/> Grounds
<input type="checkbox"/> Painting	<input type="checkbox"/> Welding	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Health/Safety
<input type="checkbox"/> Equipment Maintenance	<input type="checkbox"/> General Maintenance	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Grass Cutting
<input type="checkbox"/> Signage	<input type="checkbox"/> Advertising	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (Other)			

Problem Location Area:

<input type="checkbox"/> 100's	<input type="checkbox"/> 200's	<input type="checkbox"/> 300's	<input type="checkbox"/> 400's	<input type="checkbox"/> 500's	<input type="checkbox"/> Hall	<input type="checkbox"/> Outside
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Description of Problem:

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Person Responding to Problem: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Action Required for Problem:

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