

MAINTENANCE REQUEST/WORK ORDER

APARTMENT NO. _____

TIME: _____

DATE: _____

REQUEST: _____

COVID WORK ORDER PROTOCOL

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECENTLY TESTED POSITIVE FOR COVID? _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECENTLY BEEN EXPOSED TO SOMEONE WHO HAS TESTED POSITIVE FOR COVID? _____

IS ANYONE IN YOUR HOUSEHOLD EXPERIENCING COVID SYMPTOMS? _____

IS ANYONE IN YOUR HOUSEHOLD IN QUARANTINE? _____

***FOR THE SAFETY OF ALL IN YOUR HOUSEHOLD AND OUR MAINTENANCE TECHNICIAN EVERYONE PRESENT REQUIRES A MASK**

EVERY VISIT CHECK SMOKE DETECTOR

EVERY VISIT CHECK A/C FILTER

MAINTENANCE (MAY / MAY NOT) ENTER MY APARTMENT TO PERFORM THIS REQUEST IF I AM NOT HOME.

RESIDENT SIGNATURE

RESIDENT COMMENTS FOLLOWING WORK ORDER COMPLETION: _____

TIME: _____

DATE: _____

COMMENTS: _____

MAINTENANCE SIGNATURE

RES. MGR.: _____