

Darlington County Facilities Management Work Order



Requesting Facility:	Location Needing Repair:	Date Requested:	Requested By:
Department Director:	Special Circumstances (Please specify):	Urgent	Service
		Routine	Repair
Telephone:	Email:		
WORK REQUIRED – Please be specific			
WORK PERFORMED - For Maintenance/Janitorial Staff			
MATERIAL COST:	PURCHASE ORDER NUMBER:	WORK COMPLETED BY:	
COMPLETION DATE:	WORK APPROVED BY:	INMATE LABOR USED:	
NOTES:			
Administrator's Signature (If necessary)		Department Representative (Sign off upon completion)	
Date:		Date:	

Department
Line Item Number

Technician Assigned:

Please Note:

- Departments requesting repairs/service must complete form through to "WORK REQUIRED"
- Please be specific when describing the work required and location needing repair/service
- The Bottom portion of the form will be completed by the Maintenance /Janitorial staff
- After job is completed, please sign and date to verify work was completed
- Large projects will be subject to the County Administrator's Approval