

# COUNTY HOSPITAL

## MESSAGE

## REPLY

TO MAINTENANCE DEPARTMENT

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief Description of Problem:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Problem:

\_\_\_\_\_

\_\_\_\_\_

Priority      1            2            3            4            5

Low ←————→ High

DATE \_\_\_\_\_

BY \_\_\_\_\_

SIGNED \_\_\_\_\_

WHITE - MAINTENANCE

YELLOW - MAINTENANCE

PINK - SENDER