

**DELAWARE COUNTY COMMUNITY COLLEGE**

**PLANT OPERATIONS  
WORK ORDER REQUEST**

TO: Plant Operations-Room 3555 Phone 610-359-5110 Fax: 610-359-4142

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION OF WORK: Campus: \_\_\_\_\_ Building: \_\_\_\_\_

Room No: \_\_\_\_\_

DATE NEEDED BY: \_\_\_\_\_

**REQUESTED WORK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPT: \_\_\_\_\_ OFFICE LOCATION: \_\_\_\_\_

ORG.# \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

UNIT HEAD SIGNATURE: \_\_\_\_\_

*Submit original (white) and first copy to Plant Operations. Retain last copy for your records.*

**(This section to be completed by Plant Operations Personnel)**

Date Logged: \_\_\_\_\_ Priority: \_\_\_\_\_ Work Order #: \_\_\_\_\_

Disposition: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Work Schedule Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_