

Operations Division – Building Maintenance & Construction Work Order Survey

<p>Workorder <input type="text"/></p> <p>Shop <input type="text"/></p> <p>Problem <input type="text"/></p> <p>Date Closed <input type="text"/></p>	<p>Prompt response from work control: <input type="text" value="Yes"/></p> <p>Prompt response from shop performing the workcontrol: <input type="text" value="Yes"/></p> <p>Resolving the problem: <input type="text" value="Yes"/></p> <p>Quality Work: <input type="text" value="Yes"/></p> <p>Courteous: <input type="text" value="Yes"/></p> <p>Was the job site cleaned? <input type="text" value="Yes"/></p> <p>Do you require further contact? <input type="text" value="No"/></p> <p>(Optional) Your Name: <input type="text"/></p> <p>(Optional) Your Department: <input type="text"/></p> <p>(Optional) Comments: <input type="text"/></p>
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