

Building Maintenance Report

Rogersville City School

Date: _____ Teacher/Employee: _____

1. Physical condition of building needing repairs:

a. Room #/area: _____

b. Repair needed:

c. Priority: 1=high need, 2= moderate need, 3 = low need: _____

2. Any other circumstances that should receive the attention of the office:

i.e.: cleaning, etc.

Submit this form to Mrs. Winstead's office upon completion.

Teacher Signature: _____