

Facilities Services Incident Report

Date _____ Time Contacted _____

Reported by _____ Reported to _____

Bldg _____ Floor _____ Location _____

Description of the Problem _____

 Report discharged or missing Fire Extinguishers to Josh Johnson jjoshua@bgnet.bgsu.edu

Action Taken _____

Completed by _____

Hours/Minutes _____

Call Back ?

Yes _____

No _____

Total Time to Complete _____

(Time required to complete task from start to finish, including time to obtain equipment and supplies, but excluding travel time to and from the building. If more than one person worked on the task, time should be recorded for each person)

Supervisor's Name _____ Date _____

Recommendation for Billing Yes _____ No _____

Reason _____

Grounds Facilities Submit to Scott Euler: eulers@bgnet.bgsu.edu

Residential Facilities Submit to Maria Jaso: mjaso@bgnet.bgsu.edu

Academic Facilities Submit to Margaret Bieniek: mkbieni@bgnet.bgsu.edu