

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF ESTATES

P.O. BOX 65001
DAR ES SALAAM



Tel: +255 022 2151302Ext.219
Direct Line: +255 02150748

Telefax: +255 022 – 2150465

Website: <http://www.muhas.ac.tz>
E-mail: dpd@muhas.ac.tz

REQUISITION FOR REPAIR/MAINTENANCE FORM

1. CLIENT

RESIDENTIAL DEPARTMENT SCHOOL INSTITUTE DIRECTORATE HOSTEL/ OTHERS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DETAILS OF OTHER

CLIENT.....DATE:.....TIME:.....

2. LOCATION OF ITEM REQUIRING MAINTENANCE:

3. TECHNICAL DEPARTMENT TO DEAL WITH REQUEST

Please tick appropriate technical department

<ul style="list-style-type: none">• CARPENTRY• PLUMBING• ELECTRICAL• AIR CONDITIONAL• OTHER(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• PAINTING• MASON• SEWERAGE• REFRIGERATOR•	<input type="checkbox"/>	<input type="checkbox"/>
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4. DETAILS OF REQUESTED SERVICE

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5. NORMAL MAINTENANCE

URGENT

<input type="text"/>	<input type="text"/>
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6. REPORTING OFFICER:

NAME:.....
SIGNATURE:.....

7. INSPECTED BY:

NAME.....DATE.....TIME.....

8. COMMENTS:

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.....
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9. SPARES AND MATERIALS NEEDED:

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.....
.....

10. CERTIFIED BY:

NAME:.....
SIGNATURE:.....