

# Service Report

A Service Report is required each day service is performed by vendor or contractor and badge must be issued by Facilities Services. Contractor/vendor may use own form and attach to this report.

Date: \_\_\_\_\_

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

**BADGE MUST BE WORN WHILE ON UNIVERSITY PROPERTY.**

Work Order Number: \_\_\_\_\_

Company: \_\_\_\_\_

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Room: \_\_\_\_\_

City: \_\_\_\_\_

Equipment: \_\_\_\_\_

State/Province: \_\_\_\_\_

Model: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

PO#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Service requested by: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Type Visit (Please check):

Contact Name: \_\_\_\_\_

Regular

Emergency

Warranty

Return

PM

Other

Problem Reported:

Service Performed  
(attach separate sheet  
if needed):

Additional Form Attached?  Yes  No

WORK COMPLETED?  Yes  No Return Date: \_\_\_\_\_

Technician's Name: \_\_\_\_\_ Technician's Signature: \_\_\_\_\_

Facilities Services' Initial/Date: \_\_\_\_\_

Facilities Services  
Cal State San Bernardino  
5500 University Parkway, San Bernardino, CA 92407  
909/537-5175

Badge Returned

Parking Permit?