

# MAINTENANCE REGISTER



FACILITY NAME: \_\_\_\_\_

YEAR : \_\_\_\_\_



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL



Facility Name:					Year:	
N <sup>o</sup>	Date Requested	Maintenance required	Job card N <sup>o</sup>	Maintenance signature	Monthly - Follow up with Date & Name of person contacted (Include reason for failure to complete any job)	Date completed
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Facility Name:			Year:			
N°	Date Requested	Maintenance required	Job card N°	Maintenance signature	Monthly - Follow up with Date & Name of person contacted (Include reason for failure to complete any job)	Date completed
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						