WORK PERFORMANCE FORM

Provide all appropriate information requested on the Work Performance Form. An original completed copy of this form shall accompany the invoice for services.

Vendor _____ Date: _____

Facility:_____ Time arrived on site:_____

State Serial #:_____ Time departed site:_____

Type of Inspection: _____ Last Pressure Test Date:_____

	Yes	No	Date Corrected
1. Elevator Certificate Posted and Current?	_____	_____	_____
2. Telephone Tested and Operational?	_____	_____	_____
3. If not Operational, is it a Line Problem?	_____	_____	_____
4. Alarm Bell Operation?	_____	_____	_____
5. Emergency Light Operational?	_____	_____	_____
6. Fire Service Operational?	_____	_____	_____
7. Fire Extinguisher Charged and Up to Date?	_____	_____	_____
8. Cab Lights Working?	_____	_____	_____
9. Machine Room Lights Working?	_____	_____	_____
10. Maintenance Log in Machine Room?	_____	_____	_____
11. Wiring Diagram in Machine Room?	_____	_____	_____
12. Is the Key Switch Operating Properly? (ALL FLOORS)	_____	_____	_____
13. Was all maintenance and service work completed per the contract?	_____	_____	_____

Please select what type of unit you are servicing:

Hydraulic: _____ Traction: _____ Wheelchair Lifts: _____

FREQUENCY: Systematic Service ☐ Quarterly ☐ Annual ☐

Comments and/or other inspections or repairs: _____

_____

_____

Tech's name (print):_____ MDCPS Employee (print):_____

Signature: _____ Employee Number:_____

Signature: _____

Date: _____