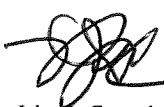


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide	EFFECTIVE DATE: February 21, 2018	NUMBER NO. A-EC600	PAGE 1 of 3
TITLE: MAINTENANCE WORK ORDER REQUEST SYSTEM				
LAST REVIEWD/REVISED: 10/2017				
ENDORSED: EOC 10/2017, EMC 12/2017				

PURPOSE:

To provide guidance and guidelines to establish an effective means of requesting and coordinating Maintenance Work Order request(s).

POLICY:

When equipment and utility systems malfunction or buildings and grounds are required to be restored to normal conditions, the following reporting procedure must be followed.

PROCEDURE:

1. The requesting department must complete and submit a MAINTENANCE WORK ORDER (GMHA Form 0755, Stock item #990755 shown in Attachment I) to the Facilities Maintenance (FM) Department for repair and/or service.
2. In the event the request is an emergency or urgent repair and requires immediate response, the requesting department should call FM at extensions 3-2192 or 3-2224.
3. All Maintenance Work Order requests received will be dated, timed and signed by the FM administrative personnel and a copy shall be provided to the requesting department.
4. The FM administrative personnel will distribute the Maintenance Work Order request to the appropriate shop supervisors.
5. All Maintenance Work Order requests will be assessed by the FM Supervisors to determine priority based on the categories defined below and assign a unique work order (control) number.

Emergency 1 (E1)	Immediate danger. Loss of lives or injury to patient, staff and visitors requiring immediate action. Staff must respond immediately or within 15 minutes.
Urgent 1 (U1)	These are corrective actions of such a nature that the failure to take immediate action will jeopardize the operation of the hospital with respect to its primary mission and service. Staff must respond within 1 hour.
Routine 1 (R1)	These are corrective actions which should be performed at the first opportunity, but their nature is such that the

	primary function of the hospital is not significantly affected. Work Order request must be assessed and scheduled within 1 to 5 days.
Special Project (S1)	These are work requests that may require significant time, labor and materials. These special requests will be entertained on a case-by-case basis and only executed in-house if they result in savings to the organization. Work Order request must be assessed and scheduled within 14 to 30 days.

6. The FM Supervisors will issue the work order request appropriately based on the categories defined above for corrective action.
7. All completed Maintenance Work Order requests will be reviewed and evaluated for completeness and correctness of repairs by the appropriate FM Supervisors. They will also ensure that all the repairs are recorded into the shop's maintenance software program. A copy of the completed Maintenance Work Order request must be provided to the requesting departments upon request.
8. FM Supervisors will inform the requesting department/unit supervisor on the status of their pending work order request within 5 working days following receipt of the work order request or on the tenth (10th) day of each month.
9. Before or on the tenth (10th) day of each month, the FM Supervisor will incorporate the following into his Supervisor's monthly report:
 - number of work orders generated based on the priority code listing;
 - number of completed work orders for the month;
 - number of pending work orders during the month; and
 - reason for pending status.

RESCISSION:

Policy No. 6480-10, Work Order System, of the Administrative Manual made effective January 2009.

ATTACHMENT:

- I. [Maintenance Work Order](#)

ATTACHMENT I



GUAM MEMORIAL HOSPITAL AUTHORITY

850 Gov. Carlos Camacho Road
 Tamuning, Guam 96913

LOCATION OR ROOM NO. _____	DATE: _____
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DESCRIBE WORK TO BE PERFORM:

COST CENTER: _____	REQUESTED BY: (print name) EXT. #: _____
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WORK DONE: _____

DATE COMPLETED _____ TOTAL TIME SPENT _____	REPAIRED BY: _____
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DO NOT WRITE BELOW THIS LINE

PARTS USED	QTY.	PARTS USED	QTY.
TOTAL PARTS			

ASSIGNED SHOP: _____	TRACKING NO. _____
PRIORITY CODE: _____	FAILURE: _____ CONTROL NO. _____
SCHEDULED DATE: _____	
ACKNOWLEDGE COMPLETION: _____	