

Equipment Maintenance Request

Date of Request**Requestor Name**

Enter your name

Equipment Name

e.g., Treadmill, Stationary Bike

Equipment Serial/ID Number

e.g., TM12345

Location in Facility

e.g., Cardio Zone, Weight Area

Description of Issue

Describe the problem in detail

Urgency

Select

Has this issue been reported before?

Select

Additional Notes

Any additional information (optional)