

TRANSPORTABLE TEMPORARY HOUSING UNIT MAINTENANCE WORK ORDER

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing his burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0030). **Please do not send your completed survey to the above address.**

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5174 and Title 44 C.F.R. Part 206.117.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of obtaining information specific to a FEMA provided transportable temporary housing unit (TTHU) in order to assess and perform maintenance as part of direct housing assistance under a Presidentially-declared disaster.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25282 (Apr. 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the applicant from receiving disaster-related temporary housing assistance.

Work Order Type:	Contractor:	Work Order #:
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WORK ORDER STATUS:	AS OF:
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OCCUPANT INFORMATION

Name:	Phone #:	Lot #:	Site:
Address:	City:	State:	Zip Code:
			County/Parish:

MAINTENANCE REQUEST INFORMATION

Issued:		TTHU Type:	TTHU #:	Received by:
Date	Time			
Permission to Enter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupant Available: Date: _____ Time: _____			

Problem Previously Reported? Yes No

If Yes, Please Explain:

DEACTIVATION RETURN INFORMATION

Site:	Address:		
City:	State:	County/Parish:	Zip:

WORK ORDER ISSUE INFORMATION

Issued to:	Issued Date:	Issue Time:
Issued by:	Date Completed:	

Description of Work Completed:

Work Order Notes:

SIGNATURES

(Certification that the above described work has been completed) Notes: Provide copy to occupants

Contractor

Date

Contractor Project Officer

Date

Occupant

Date

WORK ORDER SPECIFICATIONS

Description	Unit Of Measure (UOM)	Quantity	Cost Per UOM	Total
<h1>DRAFT</h1>				

LABOR

Work Began		Work Completed		Total hours worked (24-hour increments)
Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	

VERIFICATION AND SIGNATURES:

The above described work has been verified by:

Phone _____ Inspection and complies with _____

Maintenance Coordinator

Date

Project Officer

Date

Charge Work Order to: Manufacturer Setup Contractor Maintenance Contractor Occupant Other