

LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE

SERVICE/MAINTENANCE REQUEST FORM

A. Applicant's Detail Information

Name : _____
 Staff No. : _____ Contact No. : _____
 Dept. / Kull. / Ins. : _____ Location : _____
 Request Date : _____ Needed Date : _____

B. Details of Request

No.	Name of Item(s)	Brand	Serial No.	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				

Recommendation for action: -

- | | |
|---|---|
| <input type="checkbox"/> Major service | <input type="checkbox"/> Sent out for evaluation/service & repair to vendor |
| <input type="checkbox"/> Minor service | <input type="checkbox"/> Request for evaluation from the vendor |
| <input type="checkbox"/> Purchase & replace major part(s) | <input type="checkbox"/> Re-calibration |
| <input type="checkbox"/> Purchase & replace minor part(s) | <input type="checkbox"/> Totally out of service |
| <input type="checkbox"/> Preventive maintenance service | <input type="checkbox"/> Other(s): _____ |

Requested by;

Received by;

 Sign & stamp
 (Assistant Science Officer)
 Date:

 Sign & stamp
 (Science Officer)
 Date:

C. Completion of Action

Remarks:

Verified by;

Approved by;

 Sign & stamp
 (Assistant Science Officer)
 Date:

 Sign & stamp
 (Science Officer)
 Date: