



SERVICE REQUEST FORM

University **Electronics** Workshop
 Craig Seaboyer
 Room 3068 PSC
 (902) 867-2499

University **Machine** Workshop
 Steven MacDonald
 Room 1054 PSC
 (902) 867-2409

Name (Owner)	<input type="text"/>	Room #	<input type="text"/>	Date	<input type="text"/>
Name (Operator)	<input type="text"/>	Building	<input type="text"/>	Date of Purchase	<input type="text"/>
Department	<input type="text"/>	Phone #	<input type="text"/>	<input type="checkbox"/> Research	
Instrument	<input type="text"/>	Account #	<input type="text"/>	<input type="checkbox"/> Teaching	
Manufacturer	<input type="text"/>	Model #	<input type="text"/>	<input type="checkbox"/> Both	

Detailed
 Description of
 Problem or
 Project and
 Settings at Time
 of Error

Decontaminated and Cleaned
 Service Manual Provided

Service Level Requested	<input type="checkbox"/> Critical
	<input type="checkbox"/> Routine
	<input type="checkbox"/> Maintenance

SHOP USE ONLY
<input type="checkbox"/> Received by Tech Confirmation