

SUPPORT SERVICES WORK ORDER REQUEST

Date of request: _____ **Contact Name:** _____ **Phone #:** _____

Repair Location (Building/Floor/Room#): _____

Requested Service (Please be specific). If repair needed to equipment, please provide type of equipment:

Guidelines for Laboratory Equipment Repair, Relocation or Removal

The PI/lab is responsible for ensuring the removal of all surfaces to include chemical, radioactive, and biological waste from all equipment before the **repair, relocation and/or the removal** of any equipment. Support Services, admin and other staff are not qualified and it is out of the scope of their regular duties.

Support Services Only:

Equipment moved to shop, returned for repair or parts ordered:

Estimated equipment return date: _____

Repair or service completed by: _____ **Date:** _____

Support Services comments: