|  |  |  |  |
| --- | --- | --- | --- |
| Section 1: Customer Details | | | |
| Customer: |  | Building: |  |
| Supervisor: |  | Room Number: |  |
| Institute: |  | Email/Tel: |  |
| Grant Number: |  | Date: |  |
| **Section 2: Job Details** | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Brief description of job request: | | | | | | | | |
|  | | | | | | | | |
| Equipment Type: | | |  | | | Serial no: | |  |
| Make: | | |  | | | DBS no: | |  |
| Model: | | |  | | | Location: | |  |
| Item has been decontaminated and Declaration of Contamination Status form signed off: | | | | | | Signed: | |  |
| **Section 3: Workshop Details:** | | | | | | | | |
| Assigned Tech: | |  | | | | Date: | |  |
| Initial evaluation and cost estimate: | | | | | | | | |
|  | | | | | | | | |
| Materials & Parts List | | | | | | | | |
| Qty: | Unit Cost: | | | Qty Cost: | Supplier: | Stock No: | | Part Description: |
|  |  | | |  |  |  | |  |
| Summary of work undertaken & link to Technician’s Report: | | | | | | | | |
|  | | | | | | | | |
| Final Checks: | | | | | | | | |
|  | | | | Assigned Tech: *John Doe* | | | Reviewing Tech: *Johnny Doe* | |
| Electrical Safety including PAT: | | | | ✓ | | | ✓ | |
| Mechanical Safety: | | | | ✓ | | | ✓ | |
| Biological Safety | | | | ✓ | | | ✓ | |

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| --- | --- | --- | --- |
| Tech 1 Name: |  | Tech 1 Hours: |  |
| Tech 2 Name: |  | Tech 2 Hours: |  |
| Tech 3 Name: |  | Tech 2 Hours: |  |
|  |  | Total Tech Hours: |  |
|  |  | Total Hours Charge (£) |  |
|  |  | Total Material Charge(£): |  |
| Est. Cost For External Work: |  | Total Customer Charge: |  |
| Date of Completion: |  | Job Reference No: | |