

# Request for Shop Services

Submitted by: \_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Research/ Undergraduate Group

\_\_\_\_\_  
Room Number

\_\_\_\_\_  
Date Required

- Electronics Shop
- Glassblowing Shop
- Machine Shop

Job Number \_\_\_\_\_

## Job Description

- Bill to: CFC# \_\_\_\_\_  Research
- FUND# \_\_\_\_\_  Department
- CC# \_\_\_\_\_  Teaching
- Other, specify \_\_\_\_\_

### SAFE-TO-WORK STATEMENT

**IF THIS WORK IS BEING REQUESTED ON EXISTING EQUIPMENT, COMPLETE THE FOLOWING PRIOR TO COMMENCEMENT BY THE SHOP.**

The equipment/ location listed has been inspected: \_\_\_\_\_

**AND**

As far as is known this equipment/ location presents **NO HAZARD FROM BIOLOGICAL, CHEMICAL NOR RADIOLOGICAL AGENTS**

#### Authorization

\_\_\_\_\_

Signature of research director or designate must appear here

THE FOLLOWING PRECATIONS ARE RECOMNEBDED IA ALL PROCEDURES  
EYE AND HAND PROTECTION, PROTECTIVE CLOTHING AND APPROPRIATE VENTILATION (FUMEHOOD SPACE IN THE LAB MAY BE REQUIRED)

Assigned to: \_\_\_\_\_

| Date               | Hours | Comments (state what was done in general terms) | Material Used              | Material Cost |
|--------------------|-------|-------------------------------------------------|----------------------------|---------------|
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
|                    |       |                                                 |                            |               |
| <b>Total Hours</b> |       |                                                 | <b>Material Total Cost</b> |               |

Date Completed: \_\_\_\_\_ Total Job Cost (labour + material): \_\_\_\_\_

