

Request for Shop Services

Submitted

by:

Name _____

e-mail _____

Electronics Shop**Glass Shop****Machine Shop**

Job Number _____

Telephone _____ Research/Undergraduate Group _____

Room number _____ Date Required _____

Job Description _____

Bill to:

CF# _____

Research

Fund# _____

Department

CC# _____

Teaching

Other, specify _____

SAFE-TO-WORK

IF THIS WORK IS BEING REQUESTED ON EXISTING EQUIPMENT, COMPLETE THE FOLLOWING PRIOR TO COMMENCEMENT OF WORK

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 PRECAUTIONS ARE RECOMMENDED IN 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 |
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| Totals | | | Material Total Cost | |

Date _____

Total Job Cost (labour + materials) _____