To be completed by requester:

Dept: ........................................
Group: .........................

Name: ............................... Phone: ...........................

Account to be charged: ..................... Email: ..................

Purpose: ..........................
Teaching/Research/Other

Description: ..........................
Eqt Maint/Eqt Repair/Design/Fabrication

To be completed by requester:

DETAILS OF REQUEST:
...........................................................................................................
...........................................................................................................

CLEARANCE CERTIFICATION:

Has this equipment been exposed internally or externally to hazardous materials as indicated below?

YES/NO

Blood, body fluids, respired gases, pathological samples
Other biohazards
Chemicals or substances hazardous to health
Radioactive substances
Other hazards (please specify)

If you have answered yes, has the equipment been decontaminated in a manner approved by your Department’s Safety Committee?

YES/NO

......Signature...................... Print Name:.............................. Date: ........................................

NOTE:

1) The School Electronics Workshop accepts no responsibility for the loss of data occurring as a result of procedures in the workshop.

2) Software to be loaded onto equipment must be accompanied by evidence of the relevant licence.
## DETAILS OF WORK CARRIED OUT/MATERIALS ORDERED

<table>
<thead>
<tr>
<th>Date</th>
<th>Work Element</th>
<th>Materials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Total materials  ---------------

Total time charge  ---------------

Total cost  ---------------