WORK/SUPPORT REQUEST FORM

Date Received: _______________  Job Number: _______________

Name: __________________________________________

Phone: ________________________________________

Email Address: ______________________________________________

Academic Staff ☐  General/Research Staff ☐
Research Student ☐  Undergraduate/Masters Student ☐

Main Project Title: ______________________________________________________

Funding source: ___________________________  Account code: ___________________________

Work Category:  New ☐  Ongoing ☐  Modification ☐

Details of support required (Attach drawings and specification):

Is a risk assessment required for the use of this equipment?

If NO: then a copy of checklist MUST BE ATTACHED to this work request
If YES: complete the Risk Assessment Form

Initial Approval by Supervisor (Design / Drawing / R.A.): _________________________

Refer to appropriate area Supervisor:

Electronics / Instrumentation (Mr Phil Schmidt) ☐  Lab Classes / Facilities (Ms Lydia Zhang) ☐
Workshop (Mr Garry Clarke) ☐  Computing Matters (Mr Billy Constantine) ☐

Estimated time needed: _____________  Estimated Material Cost: _____________

Full Project Approval by Supervisor: ___________________________ and ___________________________

Date Requested: ___________________________  Date Required: ___________________________

(Office use only)

Actual Time Taken: _____________  Actual Material Cost: _____________

Last updated: February 2015  Ref: 2015/1384