



School of Mechanical Engineering

WORK/SUPPORT REQUEST FORM

Date Received: _____

Name: _____

Job Number: _____

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 _____

Signature

Printed Name

Date Requested: _____

Date Required: _____

(Office use only)

Actual Time Taken: _____

Actual Material Cost: _____