

EQUIPMENT LABORATORY MAINTENANCE FORM

A. CONTRACTOR/COMPANY/SUPPLIER INFORMATION

Contractor/Company/Supplier Name : _____

Telephone Nu. : _____ Date: _____

Service Location: _____ Service Period : _____

Type of Maintenance : ☐ Installation of the equipment
☐ Repairing the equipment
☐ Maintenance of the equipment

Note : _____

B. INFORMATION OF EQUIPMENT

Bil.	Equipment Name	Barcode Nu.	Location	Type of Damage
1.				
2.				
3.				

C. CERTIFICATION

I hereby declare that I am

- i. Will be fully responsible for the safety of the repaired equipment. And will report if there is any damage and loss of the equipment to the Laboratory Management immediately.
- ii. Will return back the equipment on the set up/ require time and date. And will replace the replenished equipment without requesting the payment back from UniSZA.

Name :

I.C Nu. :

Date :

Signature & Stamp

C. APPROVAL

The application is **approved /not approved**

Laboratory Coordinator/ In-Charge Officer,

Signature & Stamp : _____ Date: _____

ISSUANCE OUT OF EQUIPMENT	
Submitted by:	
Name:	
Signature:	Date:
Received by:	
Name:	
Signature:	Date:

RETURN OF EQUIPMENT	
Submitted by:	
Name:	
Signature:	Date:
Received by:	
Name:	
Signature:	Date:

Note :

1. Installation of the equipment :Equipment is not damaged but requires the installation of new component to operate it.
2. Repairing of the equipment: Equipment is damaged and need to be repaired
3. Maintenance of the equipment: Equipment is not damaged but requires a scheduled service