

## Equipment Work Request

Date of Request:

Site No.:

Address:

Contact Person:  
Phone Number

Problem:

(Include Model No., Serial No. of affected equipment)

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Requested By: \_\_\_\_\_ Local Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send all request through your Local Agency Director**

### For State Agency Use Only

Task Assigned To: \_\_\_\_\_ Scheduled Date: \_\_\_\_\_

Repairs Done:

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Additional Work Recommended/Completed:

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Work Completed by: \_\_\_\_\_ Clinic Signature: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_ Travel Time (Hours): \_\_\_\_\_

Arrival time at Clinic: \_\_\_\_\_ Departure time from Clinic: \_\_\_\_\_

Follow-Up Report sent to LA Director: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_