

### Equipment Work Request

Date of Request: \_\_\_\_\_

Site No.: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Work Recommended/Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_