Technical & Electrical Equipment Service/Repair Request
Department of Chemistry & Biochemistry
California State University, Los Angeles

Name of person submitting request: ________________________________________________
Research group: __________________________________ Date of request: ______________
Name of instrument/equipment: __________________________________ Location ________
This request is needed for: teaching ☐ (course number: ______); or research ☐

Instrument/Equipment Repairs: Describe, in as much detail as possible, the problems
experienced with the instrument/equipment to be serviced.

New Construction or Modification of Existing Equipment: Describe the work to be done:

Other work: Describe work to be done.

Do not write below this line—for technician supervisor and technicians only

Date assigned: Date completed:

Technician completing service/repair:
Summary of repair or service, including the time required and materials cost