



**CONTROLLED COPY**

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**EQUIPMENT REPAIR REQUEST FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Name of Requestor: \_\_\_\_\_ Designation/Position: \_\_\_\_\_  
 Hardware Laboratory     Networking Laboratory     Computer Laboratory    Laboratory Number: \_\_\_\_\_

**\*For Hardware**

Equipment(s) to be repaired: \_\_\_\_\_

Brand & Model: \_\_\_\_\_ Serial Number or Service Tag: \_\_\_\_\_

**Describe Problem:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Equipment wont boot or Power up | <input type="checkbox"/> Equipment Freezes or Hangs   | <input type="checkbox"/> Screen Fuzzy             |
| <input type="checkbox"/> Equipment is slow               | <input type="checkbox"/> No power or Display          | <input type="checkbox"/> No Sounds or Noise Issue |
| <input type="checkbox"/> Equipment shut down or reboot   | <input type="checkbox"/> Device malfunction           | <input type="checkbox"/> Device not working       |
| <input type="checkbox"/> Loose or Detached Parts         | <input type="checkbox"/> Others (pls. specify): _____ |   |

**\*For Software**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Can't Log on                     | <input type="checkbox"/> Getting Error Messages               | <input type="checkbox"/> Application Not Installed |
| <input type="checkbox"/> Application won't open           | <input type="checkbox"/> Application Crash or OS Blue Screens | <input type="checkbox"/> Cant Access the Internet  |
| <input type="checkbox"/> Application error or malfunction | <input type="checkbox"/> Virus/Spyware Presence               | <input type="checkbox"/> Compatibility Issue       |
| <input type="checkbox"/> Others (pls. specify): _____     |   |  |

Requested by: _____ Signature over Printed Name of the Requestor	Received by: _____ Signature over Printed Name of the Laboratory Technician	Noted: _____ Signature over Printed Name of the Dean
DATE: _____	DATE: _____	DATE: _____

**EQUIPMENT REPAIR DIAGNOSTIC & RECOMMENDATIONS**

Status:  repaired     minor component to be replaced/upgraded     for disposal

Technician's Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared by: _____ Signature over Printed Name of the Laboratory Technician	Noted: _____ Signature over Printed Name of the Dean
DATE: _____	DATE: _____