

# EQUIPMENT REPAIR & SERVICE REQUEST

Comparative Medicine  
Email to [CompMed@usf.edu](mailto:CompMed@usf.edu)

Use this form to request REPAIRS, CALIBRATIONS, and SERVICE to equipment. SERVICE PROVIDERS: \_\_\_\_\_

Individual Completing this Request: \_\_\_\_\_ Email: \_\_\_\_\_

Check in with your workbench SCHEDULED: \_\_\_\_\_ I d l i

Please check all that apply: This is for REPAIRS and/or SERVICE and/or CALIBRATION

## MANUFACTURER OF EQUIPMENT

Please check all that apply: Technician: \_\_\_\_\_ Model/Version/ID: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Order/Manufacturer: \_\_\_\_\_

Note that many equipment (e.g., washers, autoclaves, biosafety cabinets, changing stations, AHUs) repairs and service requests must include the SERIAL NUMBER to be equ

EXPLANATION OF PROBLEM, REPAIR, SERVICE, AND/OR CALIBRATION REQUIRED: \_\_\_\_\_