

Department Chemie

# electronic workshop order form

ORGID: \_\_\_\_\_  
 work group: \_\_\_\_\_  
 client name: \_\_\_\_\_  
 room number: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**repair** (fill confirmation form)       **modification** (fill confirmation form)

Auftragsnummer: ..... / ..... \*  
 BEHA-Datenbank Nr: .....  
 Weiterleitung an ZBF am: \_\_\_\_\_

date: \_\_\_\_\_  
 phone: \_\_\_\_\_

**new order** (add drawings)

item name / description

Abrechnung *
Material:
Kleinteile:
Werkstattkosten:
DGUV V4-Prüfung:
<b>Summe:</b>

authorized : .....  
 signature of the head of the work group or an authorized person

confirmation of receipt : .....

Auftragsabwicklung *	
Auftragsannahme am .....	Unterschrift : .....
DGUV V4-Prüfung am .....	Unterschrift : .....
<input type="checkbox"/> neue Nummer <input type="checkbox"/> Daten erfasst	
Fertigstellung am .....	Unterschrift : .....

\* Von der Werkstatt auszufüllen

# Confirmation

The staff that has to do the repairing or maintenance has to be informed about the condition of the device before beginning the work. Devices have to be delivered by the workgroup free from additional material or waste, and decontaminated. To make sure that the device was prepared in the way mentioned above this form has to be filled, signed and handed over with the device.

Customer name: \_\_\_\_\_

Device designation: \_\_\_\_\_

Is the device **free from hazardous substances**?

YES       NO

Does the device get in contact with the following substances?

toxic	<input type="checkbox"/> YES	<input type="checkbox"/> NO
corrosive	<input type="checkbox"/> YES	<input type="checkbox"/> NO
microbiologic	<input type="checkbox"/> YES	<input type="checkbox"/> NO
explosive	<input type="checkbox"/> YES	<input type="checkbox"/> NO
radioactive	<input type="checkbox"/> YES	<input type="checkbox"/> NO

other hazardous substances:

Devices was cleaned  
(decontaminated / disinfected)       YES       NO

Which safety precautions have to be considered during the repairing process of the device?

Hereby I / we declare that the details are correct and complete.

.....  
Signature customer

.....  
Signature, head of the workgroup  
or an authorized person