

Department Chemie

mechanics workshop order form

ORGID: _____

work group: _____

client name: _____

room number: _____

e-mail: _____

repair
(fill confirmation form)

modification
(fill confirmation form)

new order
(add drawings)

Auftragsnummer: / *

Mitarbeiter: _____

Weiterleitung an ZBF am: _____

date: _____

phone: _____

item name / description

Bemerkungen *
Kosten:

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

confirmation of receipt :

Auftragsabwicklung *	
Auftragsannahme am	Unterschrift :
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**?

<input type="checkbox"/> YES	<input type="checkbox"/> NO																		
<p>Does the device get in contact with the following substances?</p> <table><tr><td>toxic</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td></tr><tr><td>corrosive</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td></tr><tr><td>microbiologic</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td></tr><tr><td>explosive</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td></tr><tr><td>radioactive</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td></tr></table> <p>other hazardous substances: <input style="width: 150px; height: 30px;" type="text"/></p> <table><tr><td>Devices was cleaned <small>(decontaminated / disinfected)</small></td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> NO</td></tr></table>		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	Devices was cleaned <small>(decontaminated / disinfected)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<p>Which safety precautions have to be considered during the repairing process of the device?</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>																			

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

.....
Signature customer

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