

# Auburn University

AAES Research Instrumentation

Room 6 Comer Hall

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aaesri @auburn.edu

Date \_\_\_\_\_

Department \_\_\_\_\_ Account# \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax. \_\_\_\_\_ Email \_\_\_\_\_

Charges to Account Approved By: \_\_\_\_\_

(Director, Department Head, Project Leader)

Equipment Make and Function \_\_\_\_\_

Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Location of Equipment \_\_\_\_\_

**What Chemical, Infectious, Toxic or Radioactive Substances have been in contact with This Equipment?  
(Also indicate Flammable or Corrosive Substances)**

\_\_\_\_\_

Describe Equipment Malfunction.... **Be Specific!** \_\_\_\_\_

\_\_\_\_\_

(Symptoms: When Did They Begin? Has Equipment Been Moved? When Was Equipment Last Used?)

**Please Rate Urgency** Emergency \_\_\_\_\_ (Request for Emergency Repairs Will Be Charged \$100.00 per Hour)

2 or 3 Days \_\_\_\_\_ Next Week \_\_\_\_\_ Next Month \_\_\_\_\_ Next Year \_\_\_\_\_

**Please Provide ALL Service Manuals / Operation Manuals for Equipment to Be Serviced**