

EQUIPMENT REPAIR & SERVICE REQUEST

Comparative Medicine
Email to CompMed@usf.edu

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

Individual Completing this Request: _____ Email: _____

Check the box(es) you wish to schedule: 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: _____ Manufacturer: _____ Serial Number: _____ Order / Model: _____

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: _____
