

For office use

Job No:

**CENTRE FOR INSTRUMENTATION SERVICES**  
 (TERTIARY EDUCATION COMMISSION)  
**Request for Repairs Form**  
**(Scientific Equipment)**

(Please fill in this form separately for each instrument)

Institution: .....

Date: .....

Department: .....

Tel: .....

User's Name: .....

Equipment : .....

S/N:.....

**Brief description of problem:**

.....

.....

.....

.....

Faulty since when: .....

Is equipment under warranty? Yes/No

.....  
Signature of Contact Person

.....  
Signature of Head of Department

**FOR OFFICE USE ONLY**

Received by: .....

Date: .....