



澳門大學
UNIVERSIDADE DE MACAU

Application for lab equipment service / maintenance

Date:	/ /	(Day/Month/Year)	
Name:		Group:	A B C D No
Leader:		Supervisor:	
Tel. No:		E-mail:	

Description: (Please be specific)			
Instrument Model:		PR# Number:	
Manufacture:		Other tools:	

Describe Specific Symptom:
<p>Fault detection time and process:</p> <p>Fault cause:</p> <p>Troubleshooting process:</p> <p>Troubleshooting recommendation:</p>

Signature: _____ **Date:** _____ / _____

Processing Description
<p>Signature: _____ Date: _____ / _____</p>

Please return to the laboratory manager after completion.