

# Request Laboratory Support Group

No.:

**Customer**

Contact Person \_\_\_\_\_  
 Building / Room \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**Group**

Department \_\_\_\_\_  
 Professorship \_\_\_\_\_  
 Billingnumber \_\_\_\_\_

Description of the order	Place of work
Workshop <input type="checkbox"/>	
Consultation <input type="checkbox"/>	
Vacuum technique <input type="checkbox"/>	
Construction <input type="checkbox"/>	
Glue <input type="checkbox"/>	
Installations <input type="checkbox"/>	
Various <input type="checkbox"/>	

**Description of the work to be carried out**

**Possible risks at the workplace and safety measures**  
 High-risk orders can be declined by the Labor Support Group (LSG).

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Accomplished works**

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**Condition at the end of the work**

**Billing**

Time \_\_\_\_\_

Material

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Debited

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Date

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Signature