

# Repair Order for Vacuum Equipment

No.:

**Customer**

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

**Group**

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

Description of the order	Use of the device as:
Device type _____	
Manufacturer _____	
Item Number _____	
Serial Number _____	

**Description of the defect or maintenance work**

**Possible contamination of the device**

To process contaminated devices can be declined by the Labor Support Group (LSG).

- |              |                              |                             |             |                              |                             |
|--------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|
| toxic        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | explosive   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| carcinogenic | Yes <input type="checkbox"/> | No <input type="checkbox"/> | biological  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| flammable    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | radioactive | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| corrosive    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | other       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

The undersigned confirms that the above information is true and complete. He further confirms that she/he can judge this. She/he also notes that all revisions/repairs are made in the sense of a trial. LSG (Laboratory Support Group) does not guarantee that a revision/repair can be successfully completed. LSG cannot be held responsible for any additional or consequential costs. These must be borne by clients. The same shall also apply to damage to plant and equipment in connection with overhauls/repairs. Likewise, LSG does not assume any warranty for revised/ repaired equipment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Repair Order for Vacuum Equipment**

**Description of the device upon receipt (visual inspection, pressure measurements, safety defects ...)**

**Fault diagnosis, work carried out**

**Condition on delivery (visual inspection, pressure measurements ...)**

**Billing**

Time \_\_\_\_\_

Oil \_\_\_\_\_

Material

\_\_\_\_\_  
Debited

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature