

# Biomedical Equipment Repair Request

Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Extension \_\_\_\_\_ Department \_\_\_\_\_

Email \_\_\_\_\_

Description of Repairs

## Repaired within last 2 years?

Yes  No

Approximate age of Equipment \_\_\_\_\_ Years old.

## Estimated costs of Repair

Parts: \$ \_\_\_\_\_ Labor: \$ \_\_\_\_\_

Cost to Replace with new Equipment: \$ \_\_\_\_\_

Description of how equipment is used  
(include frequency of use, total# of  
students affected):

Approved by:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Director/Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus CIO

\_\_\_\_\_  
Date