



Scintillator Lab - Work Request Form

Date

Name.....	Experiment.....	
Tel.....	E-Mail.....	
Status: - Normal <input type="checkbox"/>	Urgent <input type="checkbox"/>	Hard dead line:
Estimated Time of Fabrication:		

Work requested (short description)

.....

.....

.....

Budget Code:

For repairs: were the components irradiated ? Yes No

if yes, please fill the form "Appendix A – Radioactive Material"

Could the components be a health risk ? Yes No

if yes, please describe details on the back on this form.

Drawing / schematic provided ? Yes No

Design Work Needed? Yes No

Tests to be performed:

Add any other relevant information

.....

.....

If necessary please give details of requests or special considerations on back side →

details of the work request:

This part is to be filled by the scintillator lab

Scintillator Lab - Work Summary Form Date

technician machine/equipment
program name (for CNC work)

Work performed (short description)

.....
.....

Number of working hours

Mechanical: h gluing: h testing / inspection: h

Results of tests

Observations / remarks

.....