|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **[Instrument Maintenance Request](https://sklqrcm.um.edu.mo/wp-content/uploads/2017/12/form_13.1c_%E5%84%80%E5%99%A8%E6%95%85%E9%9A%9C%E5%A0%B1%E5%91%8A%E5%8F%8A%E7%B6%AD%E4%BF%AE%E7%94%B3%E8%AB%8B%E8%A1%A8.pdf)**  **儀器故障報告及維修申請表** | | | | | | |
| **（申請人請先參閱備註之重要事項，填寫表格後交到實驗室技術員處。）** | | | | | | |
|  | |  | | | | | | |
| **Requester Information** | | | | | | | | |
| Submit Date |  | | | | | | | *Form Number*  *(For internal use)* |
| Name |  | | | P.I. | |  | |
| Student No. |  | | | Tel./Ext. | |  | |  |
| E-mail |  | | | | | | |
| **Instrument Information** | | | | | | | | |
| Instrument Name |  | | | | | | | |
| Model |  | | | | | | | |
| Internal No.  (e.g.: Agilent 01) |  | | | | | | | |
| Location |  | | | | | | | |
| **Fault Description 故障描述** | | | | | | | | |
| Date |  | | | | Time |  | | |
| Problem | ***(請詳細描述儀器使用時出現什麼問題)*** | | | | | | | |
| Reason | ***(如知道，請詳細描述故障原因)*** | | | | | | | |
| Troubleshooting Process | ***(如曾自行嘗試解決上述故障情況，請詳述過程)*** | | | | | | | |
| Remark | ***(如有其他資源提供，請註明)*** | | | | | | | |
| **Signature** | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date: | | | Date: | | | | Date: | |
| Applicant | | | Instrument Assistant | | | | Lab Technician | |

備註：

1. 實驗室使用者在使用儀器時如出現任何故障情況請即向儀器負責人及技術員報告，再填寫此表格作維修申請；
2. 在非辦公時間內出現儀器故障情況時，使用者切勿自行拆卸儀器組件；
3. 如曾自行嘗試解決故障情況，請詳述其過程，並向技術員作書面及口頭報告；
4. 技術員在收到維修申請表後，會視乎情況作出維修安排，並以電郵通知報告者維修情況及進度。

**For Office Use**

|  |  |  |  |
| --- | --- | --- | --- |
| **Maintenance Report (Fill in by lab technician)** | | | |
| Instrument |  | Location |  |
| Serial Number |  | PR Number |  |
| Date |  | Time |  |
| Actions | 🞏 Solved by lab technician 由技術員自行處理  🞏 Solved by engineer 由工程師進行維修  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Follow-up |  | | |

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| --- | --- | --- |
| **Please sign after the service is completed.** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | Date: | Date: |
| Applicant | Instrument Assistant | Lab Technician |