* **Section 1:** To be completed by approved user/point-of-contact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Click here to enter text. | | Date: | Click here to enter text. |
| Contact email: | Click here to enter text. | | Telephone No.: | Click here to enter text. |
| Department/School: | Click here to enter text. | | Supervisor: | Click here to enter text. |
| Staff/student category (Staff, PDRA, PhD, MSc, UG/Project etc.): | | | Click here to enter text. | |
| Room/Laboratory No.: | | Click here to enter text. | Inventory No.: | Click here to enter text. |
| Cost Centre / Grant Code: | | Click here to enter text. | [If applicable] | |

* **Section 2:** Details of work required

|  |  |
| --- | --- |
| Please provide a description of the work required and details of the problem:  Click here to enter text. | |
| Additional drawings and/or images attached: | Yes  No |

Requested response:  Emergency (within 24 hours)  Urgent (1 – 3 days)  Priority (3 – 5 days)  Standard (1 – 2 weeks)

* Safety (Tick all that apply). Technical Services reserve the right to refuse work if it poses a risk to staff. Requests may be forwarded to supervisor(s).

|  |  |  |
| --- | --- | --- |
| Image result for electricity warning symbol | https://www.sigmaaldrich.com/content/dam/sigma-aldrich/customer-service/ghs/flame-jpg.jpg | https://www.sigmaaldrich.com/content/dam/sigma-aldrich/customer-service/ghs/exploding-bomb-jpg.jpg |
| Live parts exposed | Faults which could cause fire(s) | Fire or explosion where electricity could be the source of ignition in a potentially flammable or explosive atmosphere |
|  |  |  |
| Recommended safety controls: | Click here to enter text. | |

* **Section 3:** Results (to be completed by the analyst).

|  |  |  |  |
| --- | --- | --- | --- |
| Summary of investigation: | Click here to enter text. | | |
| Further action required: | Click here to enter text. | | |
| Materials required: | Click here to enter text. | | Cost |
| Click here to enter text. |
| Time allocated (hours): | Click here to enter text. | Total time spent (hours): | Click here to enter text. |
| Analyst: | Click here to enter text. | Completion Date: | Click here to enter text. |

* **Section 4:** IT Policy
  + Sections 1 + 2 of the IT Service Request Form must be completed for all jobs and must include as much information as possible. Incomplete forms, including details in the safety section, will not be actioned.
  + All IT requests must be submitted electronically by emailing the IT Department ([cceit@qub.ac.uk](mailto:cceit@qub.ac.uk)). Only job requests that have been emailed will be allocated and actioned. Hardcopies and additional drawings can be submitted after the initial job request has been emailed.
  + Requests will normally be dealt with on a received basis, however urgent work may need to be prioritised. If your request is an emergency, please contact the IT Department directly and submit the job request form as soon as possible afterwards.
  + Please note repeated urgent requests may be brought to the attention of the Head of Technical Services.
  + The IT Technician will be in contact within the required timeframe to either action the request or arrange a suitable time to undertake the work.
  + All equipment must be clean/decontaminated before any work is commenced and the work area free from any hazardous material.
  + If you have any queries or concerns, you are encouraged to discuss the work with a technician within the IT Department (Ext. 4239).