



JOB ORDER REQUEST

J.O. #:

JOB REQUEST INFORMATION

NAME <input style="width: 90%;" type="text"/>	DATE OF REQUEST <input style="width: 90%;" type="text"/>
DEPARTMENT <input style="width: 90%;" type="text"/>	DATE NEEDED <input style="width: 90%;" type="text"/>
NATURE OF JOB REQUEST	
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> REPLACEMENT OF DEFECTIVE PARTS
<input type="checkbox"/> INSTALLATION	<input type="checkbox"/> PREVENTIVE MAINTENANCE
<input type="checkbox"/> REPAIR	<input type="checkbox"/> COST ESTIMATION
<input type="checkbox"/> OTHERS (<i>pls specify</i>): _____ _____ _____	

JOB REQUEST ACCEPTANCE

RECEIVED BY:	
_____	_____
<small>SIGNATURE OVER PRINTED NAME</small>	<small>DATE</small>

JOB REQUEST ASSIGNMENT

<small>NAME OF CDMO PERSONNEL ASSIGNED</small>

ACTION TAKEN

<input type="checkbox"/> VISUAL INSPECTION/ INITIAL ASSESSMENT	DATE _____
<input type="checkbox"/> PREPARED LIST OF MATERIALS NEEDED	_____
<input type="checkbox"/> RECOMMENDED REPLACEMENT/DISPOSAL	_____
<input type="checkbox"/> INFORMED REQUESTER OF WORK PLAN	_____
<input type="checkbox"/> COMMENCED ON WORK REQUIRED	_____
<input type="checkbox"/> WORK COMPLETED	_____

<small>CDMO PERSONNEL IN-CHARGE</small>	

MATERIALS NEEDED

JOB REQUEST COMPLETION

CHECKED BY:		ACCEPTED BY:	
_____	_____	_____	_____
<small>CDMO SUPERVISING PERSONNEL</small>	<small>DATE</small>	<small>REQUESTER</small>	<small>DATE</small>