

EQUIPMENT REPAIR & SERVICE REQUEST

Comparative Medicine

Email to CompMed@usf.edu

Use this form for requesting REPAIRS, CALIBRATIONS, and SERVICE of equipment from SERVICE PROVIDERS.

Individual Completing this Request: email:

Check if you would like to be notified when this request is **SCHEDULED**:

Please **check all that apply**: This is a request for **REPAIRS** and/or **SERVICE** and/or **CALIBRATION**

MANUFACTURER OF EQUIPMENT

Please **check all that apply**: Tecniplast Matachana/Allentown Steris NuAire Other/Multiple

SERVICE PROVIDER OF EQUIPMENT

Please **check all that apply**: Tecniplast Matachana/Allentown AuxoMedical MedRep Other

REQUIRED AT:

Facility: Room #:

Please explain all that is relevant to this request, below.

Note that many equipment (e.g., washers, autoclaves, biosafety cabinets, changing stations, AHUs) repairs and service requests must include the **SERIAL NUMBER** of the equipment needing service.

EXPLANATION OF PROBLEM, REPAIR, SERVICE, AND/OR CALIBRATION REQUIRED:

Date CM Submitted: _____

Date CM Scheduled: _____

Date Service Scheduled: _____