

IT Installation/ Repair Request Form

Date of Request

2022-05-12

[Signature]
2022-05-12
SIGNATURE
Local Supervisor/Manager

[Signature]
2022-05-12
SIGNATURE
Japanese Department Manager

Name: Ralph Joseph Capalac

I.D No. 8860

PC Name/No: DELL LATITUDE 3500 (Stand alone / Attach to Force Analyzer Machine)

Div/Dep't: QA / QA

Type of Installation

☒ (Entry)
(For Install) ☐ (Exit)
(For Deletion)

☐ R-Pics System

☐ Cybozu/Garoon

☐ E-Mail

☐ Active Directory

☐ Siam System

☐ Data Surfing

☐ Change of PC User

previous user/I.D No.: _____ current user/I.D No.: _____

☐ File Server Drive

(specify) _____ (purpose) _____

☐ Transfer of PC

from dep't _____ to dep't _____

☒ Software

(specify) Strength Tester Ver. 1.0.1 (purpose) For Tip Flexibility Test

☐ Others

(specify) _____

☐ Firewall Policy

(Select Policy Level Number) () Select from 1, 2, 3, 4

Reason for Application Change of software as instructed by AIJ (Mr. Kobayashi) so that AIJ and TCM will have the same software and version during Comparative Testing.

Policy Validity Period

Date From (yyyy/mm/dd)

Date To (yyyy/mm/dd)

Note: Do not fill-up Validity Period if Permanent

Requests Performed by:

[Signature]
IT MEMBER

2022-05-12 1:30 PM
Date and Time of Execution

Document No.	TCF-G022	Ver.	3	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2021-04-15	Prepared by:	Checked by:	Approved by:	2 YEARS
		SUSETTE SURBANO	REY DAGATAN/AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	