

WORK REQUEST FORM

WORK REQUEST NO: MWRWCH/F/2020/000002

REQUEST DATE TIME : 08-Mar-2020 15:48

A. Requestor Details

Requested By	: HTA-Engineering 2	Designation	: Nurse
Contact No	:	Department	: Catering - Dietetics Department
Asset No	: WACL1CA010	Asset Name	: Walk-in Chiller 2 (Fruit & Vegi)
Work Group	: Civil	WR Category	: Breakdown
Location Code	: L1-CA-010	Location Name	: Walk-in Chiller 2 (Fruit & Vegi)
Priority	: Critical		
Request Details:	: ACO NIZAM 1530 PINTU CHILLER COLD ROOM TIDAK BOLEH DITUTUP RAPAT		

B. Respond & Assessment

Staff Name: Muru	Staff Designation : Administration	Arrival Date/Time :
Assessment Details :		
Name & Signature End user :		
Asset Maintenance Status : Functioning / Partially Functioning / Not Functioning		Loaner Provided : Yes / No
Loaner Asset No:	Asset Name :	
Loaner Start Date / Time :		
Loaner Provided By (AMS) :	Loaner Received By (AMS) :	
Loaner Received By (MOH)	Loaner Returned By (MOH)	

C. Parts Details

Brand / Code	Description	Unit of Measurement	Qty Used(U)/ Returned (Rt)

D. Employee

Employee No.	Name	Task Code	Date	Start Time	End Time	Repair Hours

E. Completion

Action Taken:		*Please rate the standard performance				
		Poor	Fair	Average	Good	Excellent
	Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QC PPM :		QC Uptime:				
Completed by (AMS)		Verified by (MOH)				
Name	Designation	Name	Designation			
Date:	Time:	Date:	Time:			
1st Verification performed by (DVO 1)		2nd Verification performed by (DVO 2)				
Name		Name				
Date:	Time:	Date:	Time:			