

HOSPITAL TUNKU AZIZAH (WOMEN AND CHILDREN) KUALA LUMPUR

WORK REQUEST FORM



Work Request No.

FMWR/WCH/202002/000050

Request Date Time: 26-Feb-2020 10:18

A.	Rec	uestor	Details
----	-----	--------	----------------

7.1.1.04=0010.							
Requested By	HTA-Engineering 1		Designation				
Contact No			Department				
Asset No	WACL1ID007		Asset Name	Multi-User open Office			
Item Code	Code		WR Category	Breakdown			
Location Code	L1-ID-007		Location Name				
Request Details :	JURU X-RAY ROSNIYATI 1474 POT DIVIDER PLUG TERC	CABUT					
B. Respond & Assessment							
Staff Name :		Staff ID:		Arrival Time :			

Staff Name :			Staff ID:			Arrival Time :		Ø1 12		
Assessment Details :										
Name & Signature End user :						Desig	nation :			
Asset Maintenance Status: Functioning / Partially Functioning / N			No	ot Functioning Loaner Provided: Yes / No						
Loaner Asset No				Asset Name :						
Loaner Start Date / Time :				Loaner End Date / Time :						
Loaner Provided By (HSS) :				Loaner Received By (HSS):						
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
-		E50000				
	. *					

E. Completion

Action Taken:	* Please rate the standard performance below :						
		Service Communication Attitude	Poor O O	Fair O O	Average O O	Good O O	Excellent O O
Electrical Safety Test: Applicable	Performance Test :	Applica	able / N	ot Applicable			
QC PPM :	QC Uptime						
Completed by (Verified	by (MC	OH)			
Name	Designation	Name			Designation		
Date:	Time:	Date:			Time:		

1st Verification perfor	med by (DVO 1)	2nd Verification performed by (DVO 2)		
Name		Name		
Date	Time	Date	Time	