

NATIONAL PHYSICAL LABROATORY

HLS SECTION

JOB NO. _____

DATE _____

SHIFTING/CARPENTARY/PAINTING/
VENITATION BLINDS/NAME PLATES/
MISC. JOBS

LOCATION /ROOM NO: _____

NAME _____

DESCRIPTION OF WORK: _____

Signature

For Remarks, Date of issue of material used in job

1. _____

2. _____

3. _____

Signature of Worker

WORK HAS BEEN DONE SATISFACTORY, REMARKS IF ANY

Signature

Signature of HLS I/C
