

CONNECTIONS TO SERVICES/REQUEST FORM

Requested By: _____ Date: _____

Dept.: _____ Tel.: _____ email: _____

Location (Building & Room No. etc.) _____

Description of Equipment (Include sundry equipment requiring service, Country of origin, Weight, Shipping size)

Services required:

Power 110v, 240v, 380v, Non standard voltage e.g. American equipment. Single or three phase supplies

Voltage (V) _____ Rating (K/watt) _____ Frequency (Hz) _____ Single/Three Phase _____

Water Hot, Cold, Deionised, Cooling loops, controlled Temperature,

Please specify

Drainage Chemical wastes, solvent traps, Grease traps, Foul

Please specify

Gasses Natural gas, Vacuum, Departmental special gasses,

Please specify

Extract/Exhaust Noxious/carcinogenic vapours, Condensation, Ozone,

Please specify

Data/Phone

Builders Work Cores Through walls/floors, Walls removed/erected,

Time: _____

