**JOB REQUEST FORM**

From : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To :- AL-MADAR INDUSTRIAL FOR TECHNICAL SERVICE, MIT

Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone :- 920003268

Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email :- mit@madarmit.com

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF SERVICE REQUIRED**

 Inspection Inspection & Testing Training Maintenance

**FREQUENCY REQUIRED**

Annual Periodic Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date required : \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Location of required work : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Company / Plant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BREIF DESCRIPTION OF REQUIRED WORK**

**EQUIPMENT DETAILS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name / Model / Type** | **Manufacture** | **Safe Work Load (SWL)** | **Number of Years in Service** | **Last Servicing Date** | **Quantity** |
|  |  |  |  |  |  |
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**JOB REQUESTED BY** :

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_