

ITD-SD-11

Version : 02

Revision : 00

Effective Date : 5/1/2015



ITD WORKSHOP FORM

Information Technology Division (ITD)

International Islamic University Malaysia

Report No:

CUSTOMER'S INFORMATION

Full Name : _____ Staff No : _____
 Designation : _____ Email ~@iium.edu.my) : _____
 Telephone Ext. : _____ Department/Unit : _____
 Room No : _____ Mobile Phone : _____
 Kulliyah/Centre/Division/Institute/Office (KCDIO) : _____

EQUIPMENT DETAIL

Name of ICT Equipment :	ITD Tag No :	IP Address :
Serial No / Tag No :	Brand & Model :	

COMPONENTS

<input type="checkbox"/> CPU & PSU	<input type="checkbox"/> HDD	<input type="checkbox"/> Memory
<input type="checkbox"/> Damage	<input type="checkbox"/> Missing Item	
<input type="checkbox"/> CD / CDRW / DVD / DVDRW	<input type="checkbox"/> Others ;	
Remarks		
Problem Reported :		

User Acknowledgement

- I grant permission to carry out the equipment for servicing.
- I have made necessary backup to all my data in the computer.

Signature :	Date :	Stamp :
Technician Name :	Date :	Time :

Action / Recommendation : _____

FOR WORKSHOP ONLY

Status	<input type="checkbox"/> Workshop Repair	<input type="checkbox"/> Sent To Vendor	<input type="checkbox"/> Quotation Pending	<input type="checkbox"/> Job Completed
Vendor Name :	Ref :			

Note : I acknowledgement that the service/repair has been satisfactory completed.

Signature	Date :	Stamp :
Technician Name :	Date :	Time :

ITD Service Desk

Tel : 03-6196-6666

Fax : 03-6196-6665

Email : servicedesk@iium.edu.my