

## Equipment Repair Work Order

Date:	
Contact name:	
Asset location:	
Asset number:	
Equipment description:	
Fault description/ request:	
Repair urgency:	Low      High      Extreme
Comments:	

Please email the completed form to **[SDC-Equipment@health.qld.gov.au](mailto:SDC-Equipment@health.qld.gov.au)**  
or post to: Equipment Coordinator, CSDS, Level 4, Block 6,  
Royal Brisbane and Women's Hospital, Herston Road, Herston Qld 4029.