

TEL 0930-26-7180

FAX 0930-26-7190

CALL NOW!!

## Work Request Form

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Client	Company Name			
	Section in Charge			
	Address			
	TEL		FAX	
	Person in Charge			
	Cell. Phone		E-Mail	

Operation Site	Company Name			
	Section in Charge			
	Address			
	TEL		FAX	
	Person in Charge			

Date of Start Operation		M		D		Day	AM	PM		Hour		Min.
Number of Workers						person(s)	Man		Woman			
Expecting Operation Term	1 Day						___ Days or so					

Type of Operation	Sorting		Correct All Parts	Sorting and Correction of Defect Parts	
Name of Target Parts					
Serial Number of Target Parts					
Details of Operation					
Necessary Items	Protective Equipment	• Work Gloves • Cotton Gloves • Kevlar Gloves • Helmet • Eye Protection Goggles • Earplug			
	Marker	• Permanent Marker Color • Paint Marker Color • Dermatograph Color			
	Measuring Equipment	• Vernier • Digital Callipers			
	Others	• Waste • Sandpaper #			
How to Identify Fixed Parts	Labelling			Actual Products	
Dealing of Defect Parts	Leave them at Operational Site	Bring them back to HEADS, then to Client			