Work Order Form
Room A309 – CE/ME Design Lab

Please fill out this form and return it to ECST Computer Link (C255)

Date:_____   **Reported By:**_____ _____

STATION: etb309- [ ]

Check box where problem applies:

❏ **CPU**	❏ **Monitor**	❏ **Network Not Responding**
❏ **CD-ROM**	❏ **Mouse**	❏ **Program Not Running**
❏ **Floppy Disk Drive**	❏ **Printer**	❏ **Different Setup/Config**
❏ **Keyboard**	❏ **Zip Drive**	❏ **Virus**
❏ **Other**_____		

Comments:_____

_____

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_____

Fixed by:_____**Date:**_____

Comments:_____

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