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| *This Laboratory Improvement Request Form (IRF) must be e-completed, e-signed, and e-submitted in 1 page to USEK Laboratories.* |
| **Request Date:** | **IRF Number:** |
| **Requester Name:** *(Labs Personnel Name)* | **Position: *(Specify)* (Lab Team Personnel: Instructor/Labs Assistant/Technician/ Equipment Coordinator/ Area Coordinator)** |

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| *IRF Priority* ***(check mark)***  |
| **Priority**  | 🞎 High🞎 Medium 🞎 Low |

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| *Description of Improvement Request, Changes, or Consultative Need and Impact:*  |
| *Describe the IRF’s need (attach photos if any):* |
| *IRF Change/Solution/ Suggestion/ or Corrective Measures (attach reference or photos if any):* |
| *IRF Impact (optional):* |

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| **Signed by the IRF Requester** *(e-signature is allowed/required)* | *Name & Signature:*  | Date:  |
| **Assessed by the Laboratories Area Coordinator***(e-signature is allowed/required)* | *Name & Signature:**Remark: (if any)* | Date:  |
| **Endorsed by the Laboratories Operational Manager** *(e-signature is allowed/required)* | *Check Mark, Name & Signature:*🞎 Yes🞎 No *Remark: (if any)* | Date:  |
|  |
| **Approved by the Laboratories Director***(e-signature is allowed/required)* | *Check Mark, Name & Signature:*🞎 Yes 🞎 No  | Date:  |