

## Central Shops Fabrication Request

Requester Organization \_\_\_\_\_ Tech. Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Job Name \_\_\_\_\_ Req. S/R No. \_\_\_\_\_ CS Job No. \_\_\_\_\_  
 Is this a repeat job: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, previous CS Job No. \_\_\_\_\_

Scope of Work:

Applicable Documents:

Technical Requirements (check  Yes or No):

Are manufacturing job control plans required? .....	_____ Yes	_____ No
Are special processes (heat treat, plating) required? .....	_____ Yes	_____ No
Are welding procedures/qualifications required? (State Code below) .....	_____ Yes	_____ No
Is certification of material required? (State Specification below) .....	_____ Yes	_____ No
Will material be furnished by requester? (If yes, list below) .....	_____ Yes	_____ No
Are materials toxic or hazardous? .....	_____ Yes	_____ No
Pressure vessel? (If yes, attach data sheet) .....	_____ Yes	_____ No

Notes and Supplemental Information for Above:

Quality Verification (check  Yes or No; include acceptance criteria):

Dimensional Inspection .....	_____ Yes	_____ No	
Visual Inspection .....	_____ Yes	_____ No	
Liquid Penetrant .....	_____ Yes	_____ No	
Leak Test .....	_____ Yes	_____ No	
Radiography .....	_____ Yes	_____ No	
Ultrasonic .....	_____ Yes	_____ No	
Other (specify) .....	_____ Yes	_____ No	

Delivery:

Are manufacturing job control plans required? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, explain)

Deliver to: \_\_\_\_\_  
Name
Building
Room

Requester Signature	Date	QAR Concurrence	Date
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**Instructions:**

1. Complete and submit to Central Shops with each service request for fabrication.
2. Attach separate sheets if additional space is needed:
3. Retain a copy for your records.