

# Fault Incident Report

DOCKET NUMBER   -     -

CUSTOMER PURCHASE ORDER

CONTRACT REFERENCE  -     -

EQUIPMENT LOCATION	INVOICING DETAILS

Routine Maintenance  Call Out  Escalation   
 Installation  Modification  Delivery  Workshop Repair

CALLER  TELEPHONE

CALL RECEIVED	Date	Time	Date	Time

FAULT CLEARED	Date	Time	Total Travel Hours
Travel Distance			

Labour Charge @  / Hr.

Total Parts Charge

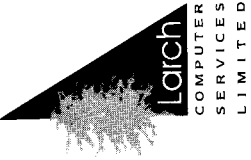
TOTAL CHARGES

THE DETAILS OF REPAIR AND RELATED CHARGES (\*) ON THIS REPORT ARE CORRECT AND WILL BE USED FOR INVOICING ACTION (\*)

Customer Signature \_\_\_\_\_ Engineers Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

(\*) delete as necessary



EQUIPMENT TYPE	SERIAL No
SYMPTOMS	
POSSIBLE CAUSE	
VISIT DETAILS	Visit No
S.I.R. No	

Module or Parts Used	Code	Serial in	Serial Out	Charge
Total				Total Parts Charge

Fault Confirmed	<input type="checkbox"/>	Fault Not Confirmed	<input type="checkbox"/>
Operator Error	<input type="checkbox"/>	Software Error	<input type="checkbox"/>
Fault Cleared	<input type="checkbox"/>	Fault Not Cleared	<input type="checkbox"/>
Report requires Workshop Action	<input type="checkbox"/>	Report Requires Stores Action	<input type="checkbox"/>
		Unnecessary Visit	<input type="checkbox"/>
		Work Outstanding	<input type="checkbox"/>