

SERVICE REPORT

Form No.(3)

College:		Dept:	
Equipment Details			
Description:			
Model No.:		ID Code.:	
Manufacturer:		Serial No:	
Service Details			
Description of Trouble/ Complaint		Details	
		<input type="checkbox"/> Warranty <input type="checkbox"/> Preventive Maintenance <input type="checkbox"/> Breakdown <input type="checkbox"/> Pull-Out <input type="checkbox"/> Demo/ Training	
Work Done/ Corrective Action		Details	
		<input type="checkbox"/> Clean and Check Unit <input type="checkbox"/> Perform SPI <input type="checkbox"/> Perform Total EST <input type="checkbox"/> Perform Calibration <input type="checkbox"/> Test Run	
Recommendation/ Remarks		Details	
		<input type="checkbox"/> Good Working Condition <input type="checkbox"/> For Clinical Use <input type="checkbox"/> Pull-Out for Repair <input type="checkbox"/> For Technical Evaluation <input type="checkbox"/> Waiting for Parts	

PARTS USED

PARTS TO BE REQUESTED FOR REPLACEMENT

Quantity	Part No.	Serial No.	Description	Unit Cost	Amount

Parts Requested By:

SERVICE BY:	running Hours:	
Date Started:	Date Finished:	Last Service:

Confirmed and Accepted By:

Name and Signature

Position
