

Equipment Fault Report

PLEASE USE A SEPARATE FORM FOR EACH ITEM

Date *Please fill in all fields below*

Owner

Address:

Equipment description (eg. Headset)

Make Model

Serial or ID No. (use your own ID if appropriate)

Fault reported by:

Name: Phone:

Email Address:

Description of fault:

(Please describe **all symptoms** of the fault, any **history** relating to the fault, and include a description of the exact **circumstances under which the fault can be reproduced**)

Is the fault: Intermittent Continuous/permanent (please tick the appropriate box)

Please ensure that you include a full and detailed description as requested above.

This will help to reduce the cost of testing and repair. There is a **\$50 minimum testing fee** for testing equipment that is not faulty or not repaired.

Electroair Services use only.

Date:

Repair Description:

Parts Supplied:

Labour:

Technician: