



**Baobab
Health**

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FIELD REPORT FORM

V2

TRIP AUTHORIZED BY:..... ISSUE NO:..... PRIORITY: **Low / Normal / High / Urgent**
(Circle one)

AUTHORIZING SIGNATURE:..... BAOBAB OFFICE HELP DESK: **Lilongwe / Blantyre** (Circle one)

ISSUE REPORTED BY:..... PHONE NUMBER:..... DATE ISSUE WAS REPORTED:.....

REPORTED PROBLEM:

CUSTOMER DETAILS

NAME OF SITE:..... DATE OF VISIT:.....

CUSTOMER:..... TOTAL TIME SPENT:.....

EMAIL ADDRESS:..... PHONE NUMBER:.....

PROJECT:..... DONOR/FUNDER:.....

HARDWARE MOVEMENT OR REPLACEMENT

| ITEM NO. | EQUIPMENT DESCRIPTION (Include detailed equipment specifications) | QTY | MODEL NO. | SERIAL / IDENTIFICATION NUMBER | DELIVERED (D) or COLLECTED (C) | REASON |
|----------|--|-----|-----------|--------------------------------|--------------------------------|--------|
| | | | | | D / C | |
| | | | | | D / C | |
| | | | | | D / C | |
| | | | | | D / C | |
| | | | | | D / C | |

DELIVERED/ COLLECTED BY:
(Name) (Signature) (Date)

WITNESSED BY:
(Name) (Signature) (Date)

FAULT REPORT

| | |
|----|--|
| A. | DESCRIPTION OF REPORTED PROBLEM |
| | |
| B. | DIAGNOSIS OF THE PROBLEM |
| | |
| C. | SOLUTION |
| | |
| D. | OUTSTANDING TECHNICAL ISSUES TO BE ADDRESSED & NEXT PLAN OF ACTION |
| | |

ASSIGNED BAOBAB STAFF:
(Staff Name) (Signature) (Date)

CLIENT/MOH/PARTNER REPRESENTATIVE:
(Customers Name) (Signature) (Date)