



TECHNICIAN REPORT

Call # _____

Client : SAPS

Client Ref : _____

Other Ref: _____

Reporter		Contact	
Name		Name :	
Tel :		Tel:	
Cell:		Cell:	

Site Address					Equipment Reported :			
Street:					Asset #:			
Building:					Make:			
Site:					Model:			
Floor #:					Serial #:			
Room #:					Barcode #:			
Town:					Warranty End Date			
Province:	Eastern Cape							
Details	Date & Time				Contract Type	FSA	FSA	T&M
Technician:	Jaco Swart				Actual Equip.	Faulty	Replacement	
Group:	Khauleza				Make:			
Reported:	2018/06/02				Model:			
Arrival:	2018/06/02 20:56				Serial:			
Completed:	2018/06/02 20:56				Make:			
	Original Visit		Return Visit		Model:			
Travel:	Single	Return	Single	Return	Serial:			
Start					Make:			
End					Model:			
					Serial:			

Response Target:	Repair Target:	Call Status:
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Problem Reported : VGA heat sink and fans faulty

Problem Resolution : Removed fans and cleaned and lubricated. Tested ok. Call closed

Client Equipment Removed		Backup Installed		Client Equipment Returned	
Make		Make		Make	
Model		Model		Model	
Serial #		Serial #		Serial #	
Date:		Date:		Date:	
Time:		Time:		Time:	
<u>Client Signature:</u>		<u>Client Signature:</u>		<u>Client Signature</u>	

I, _____, agree that :					
I have tested the equipment and am satisfied that it works					<input type="checkbox"/>
The equipment is non-operational due to other factors					<input type="checkbox"/>
User Comments			Service Rating		
			Please rate our service : X		
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Excellent	Good	Average
					Poor

<u>Client Signature</u>	<u>Technician Signature</u>	Date
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