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|--|--|--|
| <b>SERVICE TYPE:    INSTALLATION /    PM / COMPLAINT / OTHERS</b> <small>(PLEASE CIRCLE)</small>           |  |  |
| <b>ENGINEER'S NAME &amp; SIGNATURE:</b>  |  | <b>DATE:</b>   |
| <b>Customer Name:</b>  |  |  |
| Address:   |  |  |
| Status of Call: <b>Warranty or AMC</b> <small>(Please circle)</small>                                      | Location of Installation:                                    |  |
| <b>NATURE OF PROBLEM</b>   |  |  |
| Problem Reported:  |  |  |
| System Down: Yes / No <small>(Please circle)</small>   | IF Yes: With / Without Backup <small>(Please circle)</small> | Equipment Type:  |
| Make:  | Model:   | Serial No.   |
| Call Reported by:  | Date:  | Time:  |
| <b>SERVICE DETAILS</b>   |  |  |
| Service Rendered:  |  |  |
| Defects found on inspection:   |  | Status after Service:<br><small>(Please circle)</small><br>1. Complete<br>2. Incomplete<br>3. Pending for spares<br>4. Under Observation<br>5. Working solution provided |
| Engineer's remarks:  |  |  |
| <b>Events: (Date &amp; Time)</b>   | Start of Service:  | End of service:  |
| <b>CUSTOMER FEEDBACK</b>   |  |  |
| Remarks:   |  |  |
| Name:  | Designation:   | Phone/Fax:   |
| Email:   |  |  |
| Signature and Date:<br> | Stamp:   |  |