

Form V1	.5 Faulty Eq	uipment Register			
Organisation: YOUR COMPANY			Address: YOUR ADDRESS		
Responsible Person:					
Date	Register no.	Equipment Fault		Location	Action
	GP001	TYPE OF FAULT		OFFICE	ACTION
				<b>A</b>	
				7	
			<del></del>		
			7		
		<b>\</b>			
		7			
		KEY  PES = PEMOVE FROM	CEDVICE		