



## ENGINEERING SERVICE REPORT

|                  |   |               |            |
|------------------|---|---------------|------------|
| Customer:        | test  | Date:         | 2025-02-08 |
| Location:        | dubai   | Invoice No:   | 123456     |
| Contact:         |   | Engineer:     | Driver1    |
| Time:            | 10:00 AM-12:00 PM   | Service Team: |            |
| JOB DESCRIPTION  | test  |               |            |
| CHECKLIST        | <div><div><input checked="" type="checkbox"/> Leakages:</div><div><input checked="" type="checkbox"/> Scratches:</div><div><input type="checkbox"/> Bad Smell:</div><div><input type="checkbox"/> Is water pump working:</div><div><input type="checkbox"/> Are wheels properly tightened:</div><div><input type="checkbox"/> Are all buttons working:</div><div><input type="checkbox"/> Remote Control Batteries:</div></div> |               |            |
| Others           | <input checked="" type="checkbox"/>   |               |            |
| WORK CARRIED OUT |   |               |            |
| PARTS            |   |               |            |
| Customer's Sign: |    |               |            |