



ENGINEERING SERVICE REPORT

Customer: test		Date: 2025-02-11	
Location: test		Invoice No: 123456	
Contact:		Engineer: Driver1	
Time: 12:00 AM-12:00 AM		Service Team:	
JOB DESCRIPTION	test		
CHECKLIST	<div><div><input checked="" type="checkbox"/> Leakages:</div><div><input checked="" type="checkbox"/> Scratches:</div><div><input checked="" 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:			