

COMPANY NAME				INTERVENTION REPORT N°			
TECHNICIAN				CLIENT			
Reported by :				Contact :			
Phone number :				Address :			
Email :				Phone :			
MAINTENANCE TYPE							
Preventive :	<input type="checkbox"/>	Corrective :	<input type="checkbox"/>	Improvement :	<input type="checkbox"/>		
Object of the intervention :							
LABOUR HOURS				STOPS DISTURBING THE PRODUCTION			
				COMPONENT	STOP TIME	RESTART TIME	DURATION
Date :							
Arrival time							
Departure time							
Duration							
Number of technicians							
DESCRIPTION OF THE INTERVENTION							
SPARE PARTS				INVOICING			
Reference	Quantity	Unit price	Global price	Billable	<input type="checkbox"/>	Included in the contract	<input type="checkbox"/>