

# Equipment Repair Form

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Date problem occurred: \_\_\_/\_\_\_/\_\_\_ Production: \_\_\_\_\_

Equipment that malfunctioned: \_\_\_\_\_

Bar Code Number: \_\_\_\_\_

Where was equipment being used: \_\_\_\_\_

Describe how equipment was being used (i.e. connections to other equipment):

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Briefly state problem: \_\_\_\_\_

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## Staff use only

Notes: \_\_\_\_\_

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Repaired by: \_\_\_\_\_ Date of repair: \_\_\_\_\_

Staff signature: \_\_\_\_\_