



JOB NO. _____



DEFECTIVE EQUIPMENT REPORT

Form AMA-15-rev-07

COMPANY: _____ Date: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____ FAX: _____

CUSTOMER P.O NO. (FOR REPAIR) _____

EQUIPMENT DESCRIPTION

MANUFACTURER: _____ MODEL NO.: _____

SER NO: _____

DATE OF PURCHASE: _____ INSTRUCTION MANUAL: YES NO

ACCESSORIES : _____

FAULT DESCRIPTION

CONTINUOUS? INTERMITTENT?

FREQUENCY _____

INDICATOR ERROR: NO RESPONSE INCORRECT

ANALOGUE OUTPUT: NO RESPONSE INCORRECT

DIGITAL OUTPUT: NO RESPONSE INCORRECT

FURTHER DESCRIPTION: _____

RETURNED FOR

REPAIR -and WARRANTY (no charge) QUOTATION Ref: _____

FUNCTIONAL TEST:

CALIBRATION:

FIRST LINE REVIEW

TASK	TECH	BOOK REF	DATE	HOURS
				:
				:
				:

COST TO DATE: \$ _____

RETURN TO SUPPLIER: Authorised by: _____

RMA Number: _____

ESTIMATED REPAIR COST: \$ _____

AUTHORISED TO PROCEED BY: _____ DATE: _____

WORK PERFORMED

TASK	TECH	BOOK REF	DATE	HOURS
				:
				:
				:
				:
				:
				:

MATERIAL USED

TASK	TECH	BOOK REF	DATE	HOURS
				:
				:
				:
				:
				:
				:
				:
				:
				:
				:

ENGINEERING APPROVAL: _____ DATE: ____/____/____

FINAL INSPECTION: _____ DATE: ____/____/____