

Please complete all fields marked*

1. Customer Information

Customer reference/Fault report no.

Customer*	Area*	Network*	Report date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reported by*	Phone*	Mobile*	Fault date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Installation, product and fault description

Product name*	Station no (e.g switch id)*	Serial no.*	Netcontrol Fault report no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full description of the fault and any further useful information*

Installation description: (Equipment primary and secondary voltage etc.)

Measures taken by the customer/Other remarks

3. Actions taken

Received by (UK)	Date	Sent to SE	Date	Received by (SE)	Date	Guarantee commitment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Started by	Date	Fixed by	Date	If no, customer informed		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Replacement sent to customer	- <input type="text"/>	Serial no of replacement	<input type="text"/>			

Any other measures taken

Probable cause of failure

Issue classification

Measures taken or necessary to rectify the fault

Customer contacted	Customer agrees to repair	Date	Scrapped	Functional test complete	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Invoice information

Exchanged components

Man hours (h)