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|---------------------------------------|-------------------|-------------------|
| Be Safe Paramedical cc | | F-04-04-07 |
| FAULTY EQUIPMENT REPORT RECORD | REV. 01 | DATE: 19-05-2015 |
| | AUTHOR: G. Sutton | |

REF NO: FER

(Numbering FER followed by complaint number and year i.e. FER-1-2015, FER-2-2015, FER-3-2015)

PART 1: REPORTER DETAILS (to be completed by person reporting complaint)

REPORTER'S NAME:

COMPANY NAME:

CONTACT NUMBER:

EMAIL ADDRESS:

PART 2: EQUIPMENT DETAILS (to be completed by person reporting complaint)

DATE:

TYPE OF EQUIPMENT:

MAKE: MODEL:

SERIAL NUMBER (if applicable):

ORIGINAL INVOICE NUMBER:

| | | |
|--|-----|----|
| WARRANTY REPAIR? | YES | NO |
| QUOTE REQUEST FOR OUT OF WARRANTY REPAIRS? | YES | NO |

DESCRIPTION OF FAULT:

PART 3: ACTION: (to be completed by Responsible Person at Be Safe Paramedical cc)

| | | |
|-----------------------|---------------|----------------------------|
| DATE REPORT RECEIVED: | PRODUCT CODE: | FOR OFFICE USE ONLY |
| RECEIVED BY: (name) | | |
| ACTION TAKEN: | | |
| DATE CLOSED: | | |
| CLOSED BY: (name) | | |