# CUSTOMER TECHNICAL EQUIPMENT REPORT/REQUEST

## Part 1: Company Details (to be completed by the person issuing the complaint)

- **Reporters Name**
- **Company Name**
- **Contact Number and Email Address**

## Part 2: Equipment Details (to be completed by the person issuing the complaint)

- **Date:**
- **Type of Equipment:**
- **Make:**
- **Model:**
- **Description of Fault / Technical Request:**
- **Serial Number:**
- **Original Invoice Nr:**
- **Warranty Repair?**
  - YES
  - NO
- **Quote Request for out of warranty repairs**
  - YES
  - NO

## Part 3: ACTION (To be completed by the Responsible Person at Medicare Hospital Equipment)

- **Date of Receipt of Technical Equipment Report from Customer:**
- **Manufacturer Details and Product Code:**
- **Routed to:** (Name)
- **Action Taken** (up to and including the final response)
- **Ticket Closed by:** (Name)
- **Sign-off By:** (Name)

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**DOC No:** TER 01.2  **REV:** 0  **Page 1 of 1**

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