

Branches: CPT: Unit 3, 3 Kiewiet Close, Okavango Park Brackenfell 7560 T: 021 948 9987 | JHB: Unit 22, Transit Industrial Park, 140 Deodar Street Pomona AH, Kempton Park 1619 T: 011 392 1120 | PTA: Unit 7, 46 Amatole Road Willow Park Manor Ext 65 0184 T: 012 803 1652

CUSTOMER TECHNICAL EQUIPMENT REPORT-/REQUEST

REFERENCE NO:

TER-

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)

TO BE COMPLETED BY MEDICARE ONLY

DOC No:

TER 01.2

REV:

0

Author:

JB

Co-Sign:

LP