



Service Report

Office Copy

No. _____

Date : _____

Name of the Customer :

Date of Call : _____

Sales Order No. :

Ticket no. :

Responding Time : _____

Completion Time : _____

Instruction From :

Call Slip No. : _____

Call Slip Date : _____

Address :

Installation :

Specific Problem :

Complaint :

Service :

Others :

Observation :

Suggestions to Client :

Material Used :

Material Required :

Check List for Air Curtain :

Motor _____

Blower _____

Rotation Direction _____

Noise _____

Cleaning _____

Louver _____

Velocity _____

Vibration _____

Nut Bolt _____

Plastic part _____

Part warranty Service warranty Chargeable NC

Job Status : Completed Pending

Remarks

Check List for Strip Curtains :

Strip Alignment _____

Gap from Floor _____

Hardware _____

Missing Strips _____

Other Products :

Customer's Name :

Engineer's Name :

Mobile No. : _____

Mobile No. : _____

Sign : _____

Sign : _____



Service Report

Customer's Copy

No. _____

Date : _____

Name of the Customer :

Date of Call : _____

Sales Order No. :

Ticket no. :

Responding Time : _____

Completion Time : _____

Instruction From :

Call Slip No. : _____

Call Slip Date : _____

Address :

Installation :

Specific Problem :

Complaint :

Service :

Others :

Observation :

Suggestions to Client :

Material Used :

Material Required :

Check List for Air Curtain :

Motor _____

Blower _____

Rotation Direction _____

Noise _____

Cleaning _____

Louver _____

Velocity _____

Vibration _____

Nut Bolt _____

Plastic part _____

Part warranty Service warranty Chargeable NC

Job Status : Completed Pending

Check List for Strip Curtains :

Strip Alignment _____

Gap from Floor _____

Hardware _____

Missing Strips _____

Other Products :

Customer's Name :

Engineer's Name :

Mobile No. : _____

Mobile No. : _____

Sign : _____

Sign : _____



Service Report

Engineer's Copy

No. _____

Date : _____

Name of the Customer :

Date of Call : _____

Sales Order No. :

Ticket no. :

Responding Time : _____

Completion Time : _____

Instruction From :

Call Slip No. : _____

Call Slip Date : _____

Address :

Installation :

Specific Problem :

Complaint :

Service :

Others :

Observation :

Suggestions to Client :

Material Used :

Material Required :

Check List for Air Curtain :

Motor _____

Blower _____

Rotation Direction _____

Noise _____

Cleaning _____

Louver _____

Velocity _____

Vibration _____

Nut Bolt _____

Plastic part _____

Part warranty Service warranty Chargeable NC

Job Status : Completed Pending

Remarks

Check List for Strip Curtains :

Strip Alignment _____

Gap from Floor _____

Hardware _____

Missing Strips _____

Other Products :

Customer's Name :

Engineer's Name :

Mobile No. : _____

Mobile No. : _____

Sign : _____

Sign : _____