



REPORTING DEFECTS - FORM

REFERENCE NUMBER REPAIR:

ADDRESSEE:

SENDER:

Client:		Date:	Time:	
Branch office:		Address:		
Created:		Phone:		
Fax:	E-mail:			
Type device:		S/N:		
Suspects element:				
severity	scope	effect on the function	repeatability	usability of the system
<input type="checkbox"/> small	<input type="checkbox"/> software	<input type="checkbox"/> no	<input type="checkbox"/> random	<input type="checkbox"/> fully usability
<input type="checkbox"/> central	<input type="checkbox"/> hardware	<input type="checkbox"/> partial	<input type="checkbox"/> central	<input type="checkbox"/> partially usability
<input type="checkbox"/> large	<input type="checkbox"/> unknow	<input type="checkbox"/> failure	<input type="checkbox"/> permanent	<input type="checkbox"/> unusable
Brief description of a defects :				
Number (invoice, delivery note, contract):			Date of purchase:	
Type of the repair : <input type="checkbox"/> guarantee period <input type="checkbox"/> after guarantee period <input type="checkbox"/> unknow				
Annexe: <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER		
Signature:				