

Technician Name _____ Date ___/___/200__ Time _____

Operator Error? Yes No If yes, what action was taken [e.g., did you demonstrate to the Trainer how the equipment problem could be resolved? Schedule training for the Trainer?

WARRANTY ISSUE: Is equipment is still under warranty? Yes No If yes, complete below:

Sent to [vender name]	Date Sent	Date Promised	Date Received	Dated Tested	Date returned to inventory

IN-HOUSE REPAIR: Are parts needed? Yes No If yes, complete first five columns below:

Part[s] ordered from [vender name]	Part # or Description	Date Ordered	Date Promised	Date Received	Date Tested	Date returned to inventory

Describe repair made [and then fill out last two columns above] _____

OUTSIDE REPAIR: Was equipment sent out for repair? Yes No If yes, complete below:

Sent to [vender name]	Date Sent	Date Promised	Date Received	Dated Tested	Date returned to inventory

NOT REPAIRABLE: Was equipment found to be not repairable? Yes No If yes, it was removed from Facil inventory and Executive Director was notified on ___/___/200__ .

REPLACEMENT: Is equipment replacement necessary? Yes No If yes, secure bids, obtain approvals and complete below:

Equipment ordered from [vender name]	Date Ordered	Date Promised	Date Received	Dated Tested	Date tagged and entered in Facil inventory

MEMBER LIABILITY: Is member liable for repair? Yes No If yes, how many hours labor should be billed? ____ how much for parts? total liability? \$____. Info sent to E.D. on ___/___/200__ .

Additional remarks: _____

Total time before equipment was returned to inventory or replaced _____

Technician Signature _____ ETR Closed Out: ___/___/200__