



TROUBLE REPORT

TROUBLE REPORT # _____

Please troubleshoot your work to eliminate the possibility of user error. If there is a problem with any of the equipment or resources you use please use this form to inform us, so we can correct the problem as soon as possible.

Date _____ Time _____ System # _____

Equipment or Resource being reported

Location of Faulty Equipment or Resource (Room or Workstation #)

Please describe in detail the specific symptoms you encountered. What were you trying to do? What settings were selected? What was attempted to try to correct the problem? Are you sure it's not user error?

Make: _____ Model: _____ Serial #: _____

PACT ID #: _____ WC ID #: _____ CoA ID #: _____ GRANDE ID #: _____

Is this a peripheral or accessory to another piece of equipment? If so, what? _____

Reported By: _____ **PID #** _____

Address: _____ **Phone #** _____

Signature of person reporting trouble

FOR STAFF USE ONLY

Staff: _____ **Date:** _____

Staff Member Signature

Action taken: _____

Date taken to repair depot: _____ Date returned from repair: _____ Cost of repair: _____

BY SUBMITTING THIS FORM, YOU HELP PACT KEEP THE EQUIPMENT IN GOOD WORKING ORDER. THANK YOU