

Job Card

HOSPITAL WORKSHOP

Date _____

Hospital _____
 Department _____
 Contact Person _____
 Phone Number _____

- Repair
- Maintenance
- Installation
- Emergency

Equipment _____ Model _____
 ID / Serial Number _____ Accessories _____

Problem Description _____

Work	Date	Hours	Description of Work

Spare Parts	Materials used	Price per Item	Total Price
	Consumables (cleaning material, grease, solder, glue, cable ties, screws)		
	Total		

Mileage	Date	Hours	km

Comments

Repaired by (Technician) _____ Signature _____ Date _____

Received by (Customer) _____ Signature _____ Date _____