

Service Card

CCBRT MAINTENANCE WORKSHOP

Hospital, City _____
 Department _____
 Contact Person _____
 Contact Number _____

- Maintenance
- Repair
- Warranty
- Emergency

Equipment _____ Model _____
 Serial Number _____ Accessories _____

Problem Description _____

Spare Parts	#	Spare Parts	Price of Item	Total Price	
		Consumables (solder, cable ties, screws, cleaning material...)			
	Total				

Work	Date	Hours	Technician	Work

Mileage	Date	Hours	Mileage	Technician

Comments

Requested by (Customer) _____ Signature _____ Date _____
 Received by (Technician) _____ Signature _____ Date _____
 Returned by (Technician) _____ Signature _____ Date _____
 Received by (Customer) _____ Signature _____ Date _____

Service Card #	Invoice #	Date
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