Authorized Service Center (ASC) Repair Report



RGA Number: Catalog Number: Customer Name: Address: Address: City, ST. Postal Co Country: Warranty:	de: on Warranty	Serial No Descript Contact Phone No Email: Call Rec	ion: Name: Iumber:	Fax:	
Serious Injury:	Yes No				
Serious Injury Ever	ıt:				
Problem: Description:					
Received Date:	In Repair D	oate:			
Technician Assigned: Investigation Results:					
Work Performed:					
Check box if unit not eligible for service/repair.					
Fault Type: Fault Description:					
Charges:					
Qty	Part Number	Description	Lot #	Applicable charge]
	Total				
Date Repair Completed:					
Date Unit Returned to Customer:					Form
	to oudifier.				

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