



REPAIR JOB SHEET

CLIENT NAME:		DATE:
ADDRESS:		
CONTACT PERSON:	CONTACT NO:	EMAIL ADDRESS:

TOOL DETAILS

MAKE:	TYPE OF TOOL:	SERIAL NO:
CONTENTS SENT WITH TOOL:		DESCRIPTION OF TOOL FAILURE OR REPAIR REQUIRED
BATTERIES		
CHARGER		
CASE		
OTHER		

REPAIR DETAILS (OFFICE USE ONLY)

REPAIR #	
DESCRIPTION OF REPAIR	

PARTS USED	

REPAIRER	DATE COMPLETED
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