SERVICE REPORT

No. _____

Company · phone · email: _____

Work order _____

CUSTOMER

DATE

JOB SITE ADDRESS

TECHNICIAN

EQUIPMENT (TYPE, MAKE, MODEL)

SERIAL OR ASSET NO.

ARRIVAL

DEPARTURE

HOURS

TYPE (CHECK ONE)

☐ Corrective ☐ Preventive ☐ Installation

PROBLEM REPORTED BY THE CUSTOMER

WORK PERFORMED

MATERIALS USED

Part no.	Description	Quantity

REFRIGERANT (TYPE)

KG ADDED / RECOVERED

STATUS (CHECK ONE)

☐ Resolved ☐ Waiting for part ☐ Waiting for quote ☐ Other: _____

REASON IF PENDING

TECHNICIAN SIGNATURE

CUSTOMER SIGN-OFF (NAME AND SIGNATURE)