

Service & Maintenance

Intervention Report Sheet

THE ORIGINAL MUST BE RETURNED TO SPECFLUE AND THE COPY RETAINED BY THE ENGINEER

Intervention/Help Desk Number:	
Date Reported:	Date Resolved:
Customer Details:	Engineer Details:
Name: Address:	Name: Address:
Contact Number: Email Address:	Contact Number: Email Address:
HETAS Register No:	MCS No:

Description of Product		
Model:	Serial Code:	Product Batch:
Date of Installation:	Date of Commission:	Carried Out By:

PLEASE ENSURE THAT ALL INFORMATION HAS BEEN COMPLETED - FAILURE TO COMPLETE ALL SECTIONS WILL INVALIDATE THE WARRANTY CLAIM AND CREDITS CANNOT BE PROCESSED

Initial Issue

Outcome of Intervention

Follow Up Requirements (if yes please state)

Additional Notes

Components used during maintenance / service call

1 _____	Product Number: _____
2 _____	Product Number: _____
3 _____	Product Number: _____
4 _____	Product Number: _____
5 _____	Product Number: _____
6 _____	Product Number: _____
7 _____	Product Number: _____
8 _____	Product Number: _____
9 _____	Product Number: _____
10 _____	Product Number: _____

Distance to Site

Travel Time to Site

Start Time:

Finish Time:

Total Time Spent on Site

Please ensure any photographs taken are attached to the commissioning sheet

FAILURE TO CARRY OUT THE PROCEDURES SET OUT ABOVE OR FALSIFYING THIS DOCUMENT WILL LEAD TO THE WARRANTY BEING INVALID AND RESULT IN NON PAYMENT TO THE ENGINEER FOR THIS VISIT AND WORKS COMPLETED