

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

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|---------------|
| Initial Issue |
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|-------------------------|
| Outcome of Intervention |
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Follow Up Requirements (if yes please state)

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Additional Notes

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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 FALSEIFYING THIS DOCUMENT MAY LEAD TO THE WARRANTY BEING INVALID AND MAY RESULT IN NON PAYMENT TO ENGINEER FOR THIS VISIT AND WORKS COMPLETED.