

SERVICE REQUEST 1/2

SEND TO:

KorosecConsulting
 Manuel Dobrovitz
 Hans Böckler Strasse 14
 73230 Kirchheim Teck
 Germany

Client Information

Company

Address

Phone

Fax

Email

Contact Person

Phone Contact Person

Fax Contact Person

Email Contact Person

Object to be Serviced

Machine Type

Serial-No.

CNC-Serial-No.

Details to Service Request

Reason for Service Request

- | | |
|---|---|
| <input type="checkbox"/> Installation | <input type="checkbox"/> Training on site |
| <input type="checkbox"/> Service / Repair | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Other_____ | |

Fault (Keywords)

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Classification of Fault

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Sporadic | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> Reproducible | <input type="checkbox"/> Temporary |

SERVICE REQUEST 2/2

Condition of Machine

- Machine can produce provisionally
 Machine is down

When did fault occur first?

When did fault occur last?

What actions have already been taken to fix the fault?

Urgency Status

Preferred Date of Service

- immediately by at last _____

Spare Parts

Parts to be changed preventively during maintenance

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Last Service

Date

Service Technician / Company

Description of last Service

Order Information

Your Client-No.

Date / Signature / Company Seal
