

## CHEMISTRY **INSTRUMENT DEFECT FORM**

Reference No.: KFC-AC-008

Revision: 0

Page: 1 OF 1

Associated Procedure: KWC-AC-001

1. REQUEST FOR SERVICE							
REQUESTED BY:NAME			SE	ECTION	TELEPI	TELEPHONE NUMBER	
DEFECT TITLE:							
INSTRUMENT ID:							
DEFECT DETAILS:							
PRIORITY: URGENT (1 HOUR) HIGH (ONE DAY) MEDIUM (3 DAYS) LOW (1 WEEK OR MORE)							
SERVICE REQUIRED BY:    DATE TIME							
REQUESTED BY:							
							2. RECEIPT BY INSTRUMENTATION
Z. RECEIPT BT	INSTRU					TELEPHONE	
RECEIVED BY:		NAME	SIGNATURE	DESIGNATION	DATE / TIME	NUMBER	
3. FEEDBACK/RESOLUTION							
RESOLUTION DATE: TIME:							
FEEDBACK / RESOLUTION:							
NAME CIONATURE REGIONATION DATE / TIME TELEPHONE							
		NAME	SIGNATURE	DESIGNATION	DATE / TIME	NUMBER	
FEEDBACK GIVEN BY:							
AUTHORISED BY:							