

# Fault Report

Customer Name: <i>Brown</i>	Date: <i>6/11/23</i>
Customer Reference: <i>L15522</i>	Fitter: <i>AMO</i>
Salesperson: <i>David</i>	Salesperson called: Yes/ <input checked="" type="radio"/> No
Blind Type and number: <i>2, roller</i>	
Fault Description: <i>roller is creased</i>	
Action to correct: <i>re order new roller</i>	
Problem fixed on site: Yes/ <input checked="" type="radio"/> No	
Further action required: <i>yes</i>	