

# Fault Report

Customer Name: <i>GOORIE SCHWAB</i>	Date: <i>20/10/22</i>
Customer Reference: <i>351111</i>	Fitter: <i>WAYNE</i>
Salesperson: <i>SHAWN</i>	Salesperson called: Yes <input checked="" type="radio"/> No
Blind Type and number: <i>BLIND 2 VEGETIAN</i>	
Fault Description: <i>WAND ON BLIND 2 WAS DAMAGED</i>	
Action to correct: <i>WAND FOR BLIND 2 REQUIRED</i>	
Problem fixed on site: Yes <input checked="" type="radio"/> No	
Further action required:	