

Fault Report

Customer Name: <i>Dillion</i>	Date: <i>27 / 4 / 22</i>
Customer Reference: <i>16191</i>	Fitter: <i>Ross</i>
Salesperson: <i>Sarah</i>	Salesperson called: Yes <input checked="" type="radio"/> No
Blind Type and number: <i>Pleab</i>	
Fault Description: <i>Please change control do other Side</i>	
Action to correct: <i>Change control</i>	
Problem fixed on site: Yes <input checked="" type="radio"/> No	
Further action required: <i>Yes</i>	