

# Fault Report

Customer Name: <i>Inness</i>	Date: <i>26/7/22</i>
Customer Reference: <i>20790</i>	Fitter: <i>Ross</i>
Salesperson: <i>Marden</i>	Salesperson called: Yes/No <input checked="" type="radio"/>
Blind Type and number: <i>Roll</i>	
Fault Description: <i>Blind no 3 had a hole PCS Taken</i>	
Action to correct: <i>re make roller</i>	
Problem fixed on site: Yes/No <input checked="" type="radio"/>	
Further action required: <i>Yes</i>	