

Fault Report

Customer Name: <i>McRAE</i>	Date: <i>17-8-22</i>
Customer Reference:	Fitter: <i>DAVID</i>
Salesperson:	Salesperson called: <input checked="" type="checkbox"/> Yes/No
Blind Type and number: <i>P F</i>	
Fault Description: <i>PICKED UP BLINDS WITH FAULTY SLAT</i>	
Action to correct: <i>SLAT</i>	
Problem fixed on site: <input checked="" type="checkbox"/> Yes/No	
Further action required: <i>SLAT TO BE REPLACED</i>	