



DEFECT REPORT FORM

1 UNIT

Number

Reported by (Name)

Block

Contact Tel

2 REPORT

Description of Defect(s)

Date of Report

3 WARRANTY

Warranty FFF Expiration Date

Warranty Structure Expiration Date

Defect Valid Yes No

If NO, please explain

4 DEFECTS MANAGER

Date Received

5 JOB COMPLETED

Manager Confirmation

Date

Please return DRF to sales department as soon as defect has been made good and signed off

