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AUDIT

Field Service Report

Work to be performed

☐ Repair ☐ Maintenance ☐ Installation ☐ Other

Please specify work to be performed

Description of work

Actions performed

Have you completed work?

☐ No ☐ Yes

Follow Up Action Items

Description of issue and open item

Recommended action

Target date

Defective / Damaged Device Summary Report

Qty

Part #/Date code

Covered under warranty?

☐ No ☐ Yes

Description of Symptom/Failure/Cause

Qty

Part #/Date code

Covered under warranty?

☐ No ☐ Yes

Description of Symptom/Failure/Cause

Completion

I confirm that the performed work, issues encountered, corrective actions, and follow up action items as stated in this report are accurate. If the required work is completed and that all issues were resolved; I confirm that system functionality, and any applicable system integration meets the design specifications. If follow up action items are required; I confirm that I will perform all of the necessary steps to complete all of the follow-up action items that are of my responsibility as stated in this report.

Technician/Service Practitioner Full Name and Signature

End User / Owner Name and Signature

Field Service Engineer Name and Signature

Please note that this checklist template is a hypothetical example and provides only standard information. The template does not aim to replace, among other things, workplace, health and safety advice, medical advice, diagnosis or treatment, or any other applicable law. You should seek your professional advice to determine whether the use of such a checklist is appropriate in your workplace or jurisdiction.