

Computer & Printer Service Form

Name of the In	istitution:			
Name of the Department:			Date:	
Complaint Site			Service Report	
Lab. Name & Room No :			<u>Printer</u>	
Name of Staff :				
Staff's Contact No. :		Paper jam :		
Nature of Compliant (Please Tick & Explain			Paper Pickup Problem :	
Briefly)			Cartridge Problem :	
\Box SMPS :			Toner Refilling :	
CPU On/Off Compliant :			Last Refilling Date :	
□ Monitor Display :			Power Issue	
OMonitor Power On/Off:			No. Of Copies taken since last refill:	
Hard Disk Problem (Not Booting) :			Computer : , F	Printer& Toner :
Software Issues :			Others :	
<u>Computer & Printer Details</u>			<u>Service Report</u>	
Make /Model :			Clean Lines :	
Date of Purchase :				
Warranty :	Yes / No		Keyboard : Yes / N	0
		Forwarded	Monitor : Yes / N	Ío
			CPU : Yes / No	
		HOD	Printer : Yes / No Service Completed	
		Submitted to		
Registrar			Staff In-Charge	HOD
Requirement list Submitted to the Chancellor/ the Director for kind approval				