



SERVICE REPORT

SR0001

CLIENT NAME :		JOB ID/IM NUMBER :	
SERVICE LOCATION :		DEPARTMENT/LEVEL :	

RECTIFICATION :	INSTALLATION	REPAIR	SERVICE
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TYPE OF SERVICE :	GENERAL	CHEMICAL	OVERHAUL	OTHERS
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TYPE OF GAS :	R22	R410	R32	A/C AREA :	
GAS QUANTITY:				A/C MODEL:	
				A/C YEAR :	

WORK DESCRIPTION

ACTION (PART REPLACE/ REPAIR/SUPPLY)

RECOMMENDATION / REMARKS

ATTENDED BY
DATE
SIGNATURE
COMPANY STAMP

VERIFIED BY
DATE
SIGNATURE
COMPANY STAMP