Fault report

Inoperational equipment or part of equipment: ____________________________________________
__________________________________________
__________________________________________

Description of malfunction (as accurately as possible, small details are important):
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Date: ________________________________

Printed name: _________________________

Signature: ____________________________

Contact information: ___________________

Fault reports are delivered to Aalto TMS or AMI Centre personnel, Otakaari 5 I, 2nd floor, room IM213.