

## Fault report

Inoperational equipment or part of equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

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\_\_\_\_\_

Date:	
Printed name:	
Signature:	
Contact information:	

Fault reports are delivered to AMI Centre personnel, Otakaari 5 I, 2<sup>nd</sup> floor, room IM213 or IM212.