



MATERIAL PROBLEM REPORT

LOG NO.: _____ (PROVIDED BY EVALUATOR)

DATE: _____

I. REPORTER INFORMATION		
REPORTER NAME:	LAN ID:	PHONE NO.:
WORK LOCATION, STREET ADDRESS:	CITY:	DIVISION/DEPARTMENT/AREA:
CONTACT PERSON:	PHONE NO.:	
RESPONSE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
II. MATERIAL INFORMATION		
MATERIAL CODE:	MANUFACTURER:	
MATERIAL/TOOL TYPE:		
MATERIAL/TOOL DESCRIPTION:		
CHECK ONE: <input type="checkbox"/> MODEL NO., <input type="checkbox"/> PART NO. <u>or</u> <input type="checkbox"/> CATALOG NO.:		
MANUFACTURER'S SERIAL NO.:		
<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/>	FAILED IN	OUTAGE : <input type="checkbox"/> YES <input type="checkbox"/> NO
III. PROBLEM INFORMATION		
DESCRIPTION OF PROBLEM: (USE SEPARATE SHEET IF NEEDED)		
		FOUND VIA INFRARED?: <input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED DATE OF <input type="checkbox"/> MANUFACTURE <u>or</u> <input type="checkbox"/> DATE OF		INFRARED TAG #:
DATE PROBLEM IDENTIFIED:		
STORAGE LOCATION OF PROBLEM MATERIAL:		
<input type="checkbox"/> MULTIPLE PROBLEMS? QUANTITY:		
<input checked="" type="checkbox"/> WHEN COMPLETE FOLD, STAPLE & MAIL: (ADDRESS ON BACK) → DO NOT WRITE BELOW THIS LINE ↓		
V. FOR USE BY EVALUATOR		
MATERIALS & FLEET RECEIVED DATE:	REVIEW ASSIGNED TO:	ESTIMATED COMPLETE DATE:
EVALUATION / COMMENTS / ACTIONS:		
EVALUATION BY:	PHONE NO.:	COMPLETION DATE: