



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.:		
Manufacturers Serial No.:		
<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> Found in Service
Failed in Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Outage: <input type="checkbox"/> Yes <input type="checkbox"/> No
III. PROBLEM INFORMATION		
Description of Problem: (Use separate sheet if needed)		
Estimated date of <input type="checkbox"/> Manufacture <u>or</u> <input type="checkbox"/> Date of Installation:		Date Problem Identified:
Storage Location of Problem Material:		
<input type="checkbox"/> Multiple Problems? Quantity:		

→ ☒ WHEN COMPLETE MAIL (ADDRESS ON BACK) OR FAX TO (415) 973-7632 → DO NOT WRITE BELOW THIS LINE ↓

IV. FOR USE BY EVALUATOR		
Materials and Fleet Received Date:	Review Assigned To:	Estimated Complete Date:
Evaluation / Comments / Actions:		
Evaluation By:	Phone No.:	Completion Date:

COMPANY MAIL

**MATERIAL PROBLEM REPORT COORDINATOR
245 MARKET STREET, M/C N4J
SAN FRANCISCO**

Fold

COMPANY MAIL

**MATERIAL PROBLEM REPORT COORDINATOR
245 MARKET STREET, M/C N4J
SAN FRANCISCO**

Fold

COMPANY MAIL

**MATERIAL PROBLEM REPORT COORDINATOR
245 MARKET STREET, M/C N4J
SAN FRANCISCO**