



# FAULT REPORT FORM



DATE OF REPORT : \_\_\_\_\_

NAME : \_\_\_\_\_

MATRIC NO : \_\_\_\_\_

ROOM NO/LOCATION : \_\_\_\_\_

TEL NO : \_\_\_\_\_

DESCRIPTION OF FAULT : \_\_\_\_\_

## FOR OFFICE VERIFICATION USE ONLY

**REPORT BY**

**DATE :**

NAME : \_\_\_\_\_

STAF NO : \_\_\_\_\_

W/ORDER NO : \_\_\_\_\_



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