



WORKORDER #	
DATE	
TIME IN	
TIME OUT	

FIELD SERVICE REPORT

CUSTOMER LOCATION			
CUSTOMER CONTACT NAME			
SERVICE COMPANY			
SERVICE TECH NAME			
SMARTBREW SERIAL #			
RESOLUTION			
NOTES:			
SERVICE EVALUATION			
YES / NO	Electrical Supply meets specs (120vac, 15A, dedicated)	YES / NO	Tablet Battery charges properly?
YES / NO	Is machine being maintained regularly?	YES / NO	Recipes on Screen / Urn labels match?
YES / NO	Did call result from lack of operator training?	YES / NO	Has machine been modified or altered?
YES / NO	Did you have to retrain store personnel?	YES / NO	Were non-TEAZZERS products in the machine?
YES / NO	Data Communication verified? (only if Tablet replaced / URL changed)	YES / NO	Was no problem found?
NOTES:			
PARTS USED			
QUANTITY	PART #	DESCRIPTION	
Store Personnel (Preferably the Store Manager):			
SIGNATURE _____		DATE _____	

By signing this Field Service Report, one is stating that all the above is true and equipment unless denoted otherwise is working properly.

TECH SIGNATURE _____ DATE _____