



Media Systems

Location: L 117
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EQUIPMENT REPAIR FORM

TYPE OF EQUIPMENT: _____

TAG #: _____

EQUIPMENT MODEL: _____

SERIAL #: _____

LOCATION: _____

BUDGET#: _____

REPORTED BY: _____

DATE REPORTED: _____

DATE NEEDED: _____

PROBLEM AS REPORTED:

ACTUAL REPAIRS:

REPAIRED #: _____

REPAIRED BY: _____

DATE COMPLETED: _____

RETURNED BY: _____

DATE RETURNED: _____

RECEIVED BY: _____