SUMMIT EQUIPMENT SERVICES INC.

Equipment maintenance and installation · License No. EQ-51327 · (555) 418-2200

TECHNICAL VISIT REPORT

Work Order No.: _____

VISIT DATE	START TIME	END TIME

CUSTOMER	TECHNICIAN

ADDRESS

EQUIPMENT (TAG)	MODEL

SERVICE TYPE

☐ Preventive ☐ Corrective ☐ Installation

WORK PERFORMED

PARTS REPLACED

NEXT RECOMMENDED VISIT

☐ I confirm the service described above was performed.

CUSTOMER REPRESENTATIVE (PRINT NAME)	REPRESENTATIVE SIGNATURE
	Signature

Company copy · return to the office at the end of the day · form SE-017 rev.2