

PRODUCT REPORT FORM

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|---|--|-----------|--|---------|--|---------------|--|----------------|--|
| Reported By: This form is intended as an information feedback system for Lindstrand Technologies Ltd. This will help us improve our products through continuous assessment of their performance in the field. Please fill in as many details as possible, or continue on extra paper as you wish. All information supplied will be treated in confidence and will not be revealed to any third parties outside Lindstrand Technologies Ltd, without the permission of the originator. | Office use only | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Form No.:</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 2px;">Action:</td> <td></td> </tr> <tr> <td style="padding: 2px;">Submitted By:</td> <td></td> </tr> <tr> <td style="padding: 2px;">Date Received:</td> <td></td> </tr> </table> | Form No.: | | Action: | | Submitted By: | | Date Received: | |
| Form No.: | | | | | | | | | |
| Action: | | | | | | | | | |
| Submitted By: | | | | | | | | | |
| Date Received: | | | | | | | | | |
| Product Serial Number: | Reported by: | | | | | | | | |
| Location: | | | | | | | | | |
| Description of Product: | | | | | | | | | |
| Nature of Problem: | | | | | | | | | |
| Improvement Suggestions: | | | | | | | | | |
| Closing Action: | | | | | | | | | |
| Date: | Signed: | | | | | | | | |
| | Print Name: | | | | | | | | |
| Send completed form to Quality Manager - Lindstrand Technologies Ltd, Maesbury Road, Oswestry, Shropshire, SY10 8HA, England. Tel: 01691 671888, Fax: 01691 679991. | | | | | | | | | |