

Virtangio problem report form

In case of problems, please fill out this form completely and send it by e-mail to giunchi@fumedica.ch or by fax to +41 56 675 91 09

Client: _____
 Department: _____
 Name of reporting person: _____
 Telephone for inquiries: _____
 E-mail for feedback: _____

Serial-Nr.	Virtangio-VIRT-V10- _____
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1.	Short description of the problem or defect

2.	What has been checked / replaced?

3.	Problem occurred at:	
1	Date	
2	Time	

4.	Information on problem	yes	no	Comment:
1	Does the problem occur frequently?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Can you still use the system?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Did you try to solve the problem?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is a remote service possible?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do you have pictures of the fault?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does an error message appear?	<input type="checkbox"/>	<input type="checkbox"/>	

5.	Impact of the problem	
1	Operation is no longer possible	<input type="checkbox"/>
2	Operation is restricted	<input type="checkbox"/>
3	Operation can be continued normally	<input type="checkbox"/>

Date: _____

Signature: _____