

W M P H FM DISCREPANCY REPORT

DATE _____ DAY _____

TIME	LOSS	MAKE-UP	REMARKS <i>(Be specific)</i>	INITIALS
			1.	
			2.	
			3.	
			4.	
			5.	
			6.	
			7.	
			8.	
			9.	
			10.	
			11.	
			12.	
			13.	
			14.	
			15.	
			16.	
			17.	
			18.	
			19.	
			20.	

EQUIPMENT MALFUNCTION use reverse side if necessary

<input type="checkbox"/> CD #	<input type="checkbox"/> CASS #	<input type="checkbox"/> TT #	<input type="checkbox"/> MICROPHONE #	<input type="checkbox"/> OTHER
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DESCRIPTION OF UNIT AND PROBLEM TO BE REPAIRED

Time: _____ Symptoms: _____

SIGNATURE OF OPERATOR

LOG REVIEW BY CHIEF OPERATOR: Initials _____ Date _____