

# DEFECTIVE EQUIPMENT RETURN FORM

Equipment Name :

Equipment Purchase Order No. & Date :

Supplier Name & Contact Details:

Equipment Installed / Purchase of Department / Area / Location:

Equipment Defect Find by:

How Found?

Equipment Defect Details

Supplier Agree for Defect? YES / NO

What reason given by supplier for Defect:

What Supplier Decided after inspecting?

Supplier Agree for :

- (            ) Repair Equipment & expected Complete : \_\_\_\_\_  
(            ) Return Equipment & Expected Return Date : \_\_\_\_\_  
(            ) In house repair Equipment - cost will bear by supplier  
(            ) Disagree

If supplier Disagree, what actions decided?

Purchase officer Signature & date

Director Signature & Date