

Quality Report Form

Remark: the information in RED is filled by customer

Customer name:		Invoice number:		Date:	
Product name:			Item no & Qty: cutting chairs		
Description of the fault			Photo:		
Customer request					
Report by:			Approved By:		
Cause	signed by: date:				
Solution and prevention	signed by: date:				
Result	signed by: : date:				
Relevant departments:	metal: _____ wood: _____ upholstery: _____ install/packing: QC;: _____ Purchase:				
Paid by				fare	
Approval:					