## **Quality Report Form**

Remark: the information in **RED** is filled by customer

Customer name:		Invoice number:			Date:	
Product name:	Item cutting			no & Qty: g 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: :	d	ate:			
Relevant departments:			pholste	ry: insta	ll/packii	ng;
Paid by	QC;:Pı	ırchase:			fare	
				1410		
Approval:						