

ID/PO NUMBER

JOB No

PERIOD (DRY/DOCK  
OR IN-SERVICE)

CUSTOMER

SHIP

LOCATION

M/V “ ”

VENUE / AREA

<input type="checkbox"/> HOTEL / RESTAURANT	<input type="checkbox"/> PUBLIC RESTROOMS	<input type="checkbox"/> SPA	<input type="checkbox"/> GYM
<input type="checkbox"/> GUEST CABINS	<input type="checkbox"/> CREW CABINS	<input type="checkbox"/> WET UNITS	<input type="checkbox"/> HOTEL AREA
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____

INTERVENTION TYPE

<input type="checkbox"/> MODIFICATION	<input checked="" type="checkbox"/> MAINTENANCE CONTRACT	<input type="checkbox"/> GUARANTEE			
<input type="checkbox"/> UPGRADES	NR _____	CLIENT CLAIM	OPEN	CLOSED	NOTE
<input type="checkbox"/> TEST / TRIAL	<input checked="" type="checkbox"/> CUSTOMER'S ORDER	NR.....	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ALL OTHER	NR	NR.....	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS	DATE	SIGNED BY

FINCANTIERI TECHNICIAN

SUPPLIER / VENDOR REPRESENTATIVE. \_\_\_\_\_

SIGNATURE...

SIGNATURE...

FIRMA/ FINCANTIERI TECHNICIAN

SIGNATURE...

SUPPLIER / VENDOR REPRESENTATIVE. \_\_\_\_\_

SIGNATURE...

