



Crowthorne Repair Café Product Repair Form



Section 1: Product Details (completed by product owner)

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| Type of product: | Manufacturer: |
| Age of item (years): <1 1-2 2-5 5-10 10+ | How long faulty: DAYS WEEKS MONTHS YEARS |
| Weight (kg): | Cost of new replacement: £ |

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| Description of Problem(s): |
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Disclaimer

1. No repair guarantees are issued. CRC and/or CRC repairers will not be held liable if a repaired item does not work properly at home or breaks down again.
2. CRC and/or CRC repairers will not be held liable for any loss or damage to an item caused after receipt, during transport to and from the place of repair or during the repair process.
3. CRC and/or CRC repairers will not be held liable for any loss, injury or illness actually or allegedly associated with a visit to CRC or associated with any repair carried out or that may result from any advice or instructions given and used at a later date.

| | | |
|-------|------------|-------|
| Name: | Signature: | Date: |
|-------|------------|-------|

Section 2: Repair (completed by repairer) *STOP AND CHECK: If red dot on product, use original PRF.*

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|----------------|--------------------------|
| Repairer Name: | PAT Test Required? Y N |
|----------------|--------------------------|

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|-----------------|----------|---------|------------------------|--------------|-------------|---------------|
| Outcome: | Complete | Partial | No Fix: Under Warranty | Fix off-site | Not Fixable | Carried over* |
|-----------------|----------|---------|------------------------|--------------|-------------|---------------|

*Attach red dot to product and red dot on Carried Over – write month on red dot. Complete section below.

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| *Diagnosis/Parts Requested: |
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Section 3: Returned Item (completed by repairer). Use original PRF.

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| Repairer Name: |
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|-----------------------|----------|---------|--------------|-------------|
| Returned item: | Complete | Partial | Fix off-site | Not Fixable |
|-----------------------|----------|---------|--------------|-------------|

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|-----------------|-----------------|---|---|---------|
| PAT Test | Visual Test | 1 ST Test: PASS FAIL | 2 ND Test: PASS FAIL | Tester: |
| | Earth Bonding | 1 ST Test: PASS FAIL | 2 ND Test: PASS FAIL | |
| | Insulation Test | 1 ST Test: PASS FAIL | 2 ND Test: PASS FAIL | Date: |