

Electronics Retail Equipment Malfunction Report

Date	<input type="text"/>
Reported By	<input type="text"/>
Equipment Name	<input type="text"/>
Serial/Asset Number	<input type="text"/>
Location	<input type="text"/>
Department/Section	<input type="text"/>
Description of Malfunction	<input type="text"/>
	<input type="text"/>
Action Taken	<input type="text"/>
Technician/Staff Responsible	<input type="text"/>
Current Status	<input type="text"/>