

FIELD SERVICE REPORT

Company Name:	
Technician Name:	
Job Number:	
Date of Service:	
Time of Arrival:	
Time of Departure:	
Client Name:	
Client Contact:	
Service Location Address:	

1. Service Details

Type of Service Performed:

- Installation
- Maintenance
- Repair
- Inspection
- Other: _____

Detailed Description of Work Performed:

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Equipment or Parts Used:

Equipment/Part Name	Model/Part Number	Quantity Used

Work Environment:

- Indoor
- Outdoor
- Hazardous Environment
- Confined Space
- Other: _____

2. Issues Encountered

Were there any issues encountered?

- Yes
- No

If **Yes**, provide a description:

Resolution or Follow-Up Action Required:

3. Client Confirmation

Was the service completed to the client's satisfaction?

Yes

No

If **No**, explain:

Client Signature:

Date:

4. Technician Notes & Observations

Additional notes or observations:

5. Technician Performance Metrics (For Internal Use)

Time Spent on Job: _____ hours

Breakdown of Time Spent:

Work Performed: _____ hours

Travel Time: _____ hours

Idle Time: _____ hours

Compliance with Company Protocols:

Safety procedures followed

PPE worn

Job checklist followed

6. Supervisor Review & Sign-Off

Supervisor Name:	
Supervisor Signature:	
Date of Review:	

7. Next Service Schedule (If Applicable)

Next Service Date:	
Next Service Type:	

8. Job Completion Status (For Admin Use)

Status of the Job:

Completed

Pending Further Work

Follow-up Scheduled

Additional Parts/Equipment Ordered

Other: _____