



# SERVICE REPORT

Customer/Company : .....  
 Office Address : ..... Site : .....  
 ..... Type of Visit : .....  
 Date : ..... Days/Month : .....  
 Strata : ..... Warranty / Paid : .....  
 Breaker Model : ..... Machine Model : .....  
 Complaint Detail : .....  
 Chisel No.: ..... Breaker No.: .....

Observation : 1) Breaker Overall Condition Good / Normal / Satisfaction  
 2) Through Bolt No. 1)Ok/Broken 2)Ok/Broke 3)Ok/Broke 4)Ok Broke  
 3) Chisel Wear Limit Normal / Wear from wage side / Need to replace  
 4) Front Cover Wear Limit Normal / Excess / Need to replace  
 5) Pin Tool Wear Limit Normal / Excess / Need to replace  
 6) N2 Gas in Backhead \_\_\_\_\_ Bar  
 7) Hydraulic Oil Pressure \_\_\_\_\_ Bar  
 8) Upper Damper Condition Good /Bad /OK.  
 9) All Pad Wear Limit Normal / Excess / Need to replace  
 10) All Sockets Bolt Found

a) Acc. Cover	Tightened / Loose / Missing
b) Acc. Body	Tightened / Loose / Missing
c) Acc. Cover	Tightened / Loose / Missing
d) Value Housing Cover	Tightened / Loose / Missing
e) House Flanges	Tightened / Loose / Missing
f) Breaker Plate	Tightened / Loose / Missing
g) Chisel Lock Plate	Tightened / Loose / Missing
h) Side Plate Box	Tightened / Loose / Missing
i) Plate Support	Tightened / Loose / Missing

11) Breaker hose states: Pressure Side - Working From Last Month / Days.  
 Return Side - Month / Days.  
 Hise used Pr. Side Intergrated / Normal / Connector Type.  
 Hise used Pr. Side Intergrated / Normal / Connector Type.

12) Oil Leakage from Breaker : .....

Action Taken : .....  
 .....  
 .....

Signatures / Remarks : .....

Part Replace:.....

Signatures - Site Supervisore / Customer

Engineer Name & Signature