

<b>*Name of Dealership:</b> (To be printed by dealership)				<b>Location:</b>		<b>*FSR No:</b> ____/____/____		<b>*Date:</b> DD/MM/YYYY	
<b>*Customer Name:</b>					<b>Address:</b>				
<b>Person Contacted:</b>					<b>Designation:</b>				
<b>E-Mail Id:</b>				<b>Mobile No:</b>			<b>S.R. No:</b>		
<b>Type of Service</b>	Installation	NEPI / NGPI	Warranty	Courtesy	Campaign/ TRP	OEM Service	AMC / SPSC/ O&M		BIS
	Inspection	Conversion / Upgrade		Paid Service	Policy Warranty	Others			
<b>*ESN:</b>		<b>*Gen/Equip Model:</b>			<b>Failed at Hours:</b>		<b>Cumulative Hours:</b>		
<b>*GSN:</b>		<b>Equip Sr. No:</b>			<b>Avg. Monthly Running Hrs:</b>		<b>Last B Check done at HMR:</b>		
<b>Eng. Model:</b>		<b>OEM:</b>			<b>*Fault Code(s):</b>		<b>MTTR Failure Code:</b>		
<b>DG Set:</b> AMF / Manual		<b>*Controller Type:</b>			<b>Brand and Grade of Lube Oil used:</b>				
<b>Engine Performance Parameters</b>					<b>Type of Coolant Used:</b> DCA2 / DCA4 / EG / PG / OTHER <b>Coolant Concentration Level:</b> _____ <b>Coolant pH:</b> _____				
Low idle RPM		Lube Oil pressure		Kg/cm <sup>2</sup>	<b>Customer's Complaint / Input</b>		<b>Date (dd/mm/yy)</b>		<b>Time</b>
High idle RPM		Lube Oil pressure		Kg/cm <sup>2</sup>	Failure Date and time				
Full Load RPM		Lube Oil pressure		Kg/cm <sup>2</sup>	Complaint Received on				
Coolant Temp	HT	°C	Lube Oil Temp	°C	Service Required Date & time				
	LT	°C							
Battery Make:		Battery Voltage		V DC	Service Representative Deputed on				
<b>Parameters for Generator Set</b>		<b>Parameters for Other applications</b>			Service Representative Reached at Site				
Voltage (AC)	Volts	Drilling Speed		RPM	Diagnosis Completed on				
Current (AC)	Amp	Stall Speed		RPM	Required Material Received on				
Frequency	Hz	Gear Speed		RPM	Commissioning Date & time				
Load	kW	<b>Problem Pertains To:</b> Intake / Exhaust / Fuel / Cooling / Electrical / Lube Oil / Others							
Power Factor									
<b>Customer Complaint:</b>									
<b>Inspection/Observation &amp; Work Done in Brief:</b>									
<b>Problem Resolution/Solution:</b>									
<b>Recommendation/Suggestion (Use overleaf format for component requirements) and any other Discrepancies Observed:</b>									
<b>Service Representative's Name:</b>		<b>Problem Status:</b> Open / Close			<b>Responsibility (If Status is Open):</b> Customer / Cummins Network				
		<b>Customer's Remarks (For escalation, use hierarchy given overleaf):</b>							
<b>*ID No:</b>		<b>Customer's Experience:</b>							
<b>*Pro ID No:</b>		<input type="checkbox"/> Delighted <input type="checkbox"/> Satisfied <input type="checkbox"/> Average <input type="checkbox"/> Dis-Satisfied							
<b>Date:</b>	<b>Signature:</b>	<b>Customer's Name:</b>			<b>Signature:</b>		<b>Date:</b>		

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(To be Printed / Sticker / Rubber Stamped by respective Dealership)

**Service Complaint Escalation Hierarchy-**

Dealership	(Dealership Name)	Service Manager	Head Of Dealership
		(Name and Mobile No)	(Name and Mobile No)
Area Service Office	(AO Name)	Field Service Manager	Area Service Manager
		(Name and Mobile No)	(Name and Mobile No)

**Parts recommendation (if any) for repairs:**

SR	PART DESCRIPTION	QTY
1		
2		
3		