Equipment Service Questionnaire



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	1	Date:
Email:		
Name:	Phone:	
School/Business:		
Street:		
Building/Suite:		
City, State, Zip Code:		

Kiln **# 1**

Manufacturer:		Seria	Serial #:		
Model:	Voltage:		Phase:	Amps:	
Description of Problem:	Error Mess		sage:		

Kiln # 2

Manufacturer:		Serial	Serial #:		
Model:	Voltage:		Phase:	Amps:	
Description of Problem:	: Error Message:				

Potters Wheel

Manufacturer:		Serial #:
Description of Problem:	Model:	