CCTV AMC SERVICE VISIT REPORT

Report no. _____ **Date** _____

Shop / company name _____ **Phone** _____

Customer _____ **Mobile** _____

Site address _____ **AMC no.** _____

Visit type Preventive / Breakdown / Paid call

Time in / Time out _____

Sr	Check	OK	Not OK	Remarks
1	Camera picture clear on every channel (day)			
2	Night vision / IR working			
3	Lens and housing cleaned			
4	Camera angle and focus as agreed			
5	Cables, joints and connectors (BNC / DC / RJ45) tight, no damage			
6	Power supply / adaptor output checked			
7	DVR / NVR recording on all channels			
8	Hard disk healthy; days of recording available: ____			
9	Date and time on the recorder correct			
10	Playback and backup (USB) tested			
11	Mobile app / remote view working			
12	UPS or power backup checked (if any)			
13	Recorder fan and vents cleaned			
14	Password is with the customer; default password not in use			

Problem reported _____

Work done _____

Parts replaced (item, serial no.) _____

Extra charge ₹ _____ **Next visit due on** _____

Customer's remarks _____

_____ _____

Customer (name, sign, date) **Technician (name, sign)**

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