

# MILNER

## Supervisor Follow Up

Date : \_\_\_\_\_

Technician: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Meter: Black \_\_\_\_\_ Color \_\_\_\_\_

History Filled Out: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Machine Clean: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Jam/SC Counters Cleared: YES: \_\_\_\_\_ NO: \_\_\_\_\_

### Machine Check:

ADF: \_\_\_\_\_ Duplex: \_\_\_\_\_

Fax: \_\_\_\_\_ Print: \_\_\_\_\_

Scan: \_\_\_\_\_ Trays: \_\_\_\_\_

Finisher: \_\_\_\_\_ Stapler: \_\_\_\_\_

Supervisor Comments: