



DEVICE REPAIR INTAKE

01 CUSTOMER & TICKET

Ticket #	Date received	Received by
Customer name	Phone number	
Email address	Preferred contact	
☐ Phone	☐ Email	☐ Text (with consent)
☐ Drop-off	☐ Appointment	☐ Remote consultation

02 DEVICE DETAILS

Device type	Manufacturer / model
Serial / asset number	Device color
Accessories received	
Condition on arrival / existing damage	
Customer-reported issue / symptoms	

03 INITIAL CHECK-IN

☐ Powers on: Yes	☐ No	☐ Unknown
☐ Backup: Yes	☐ No	☐ Unsure
☐ Arrival photos recorded	☐ Photos not recorded	
Customer acknowledgment / signature	Staff initials	