



NCS Equipment Repair Information Sheet

Customer Name Ohio Heifer
Receipt/Drop Off Date _____/
Model and Serial# TBM 7.5 16M00940CR
KW/HP 7.5
Site Voltage 230/460
Customer Complaint Mixer Failed
Service Requested _____
Voltage Requested _____
Repair Shop Name S&S
Repair Shop Job/Tag Number _____
Doris Ticket Number/PO# _____

Repair Shop Parts Request

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Requesting Employee Turner Baker Date 1-26-23