

CLAIM REPORT № _____
for an equipment manufactured by HFagro LLC

« ____ » _____ 20____. _____

Committee board consisting of: _____

drawn up the present Act of equipment failure manufactured by HFagro LLC

Equipment type, brand _____, serial number _____

Equipment owner name _____, address of the owner, phone _____

Purchase date « ____ » _____ 20____, Commissioning date « ____ » _____ 20____,

Failure date « ____ » _____ 20____

Operation conditions: operation time _____ ha, tractor type, brand _____

Soil type _____

Compliance with the plant instruction manual, timely maintenance _____

Name of defective unit _____

Catalog number of defective unit _____

Failure description _____

Notes _____

Signatures of committee board: _____ (signature) _____ (name)

_____ (signature) _____ (name)

_____ (signature) _____ (name)

stamp