Works Request Form

This Multisensory Environment was installed by EXPERIA.

For Sales, Service and Support, call 0800 612 6077.

If any works are required please complete the Works Request Form and forward to us on fax 0800 612 6088 or email: installations@experia-innovations.co.uk and ensure the form is completed by one of the staff that has been trained by Experia.

Customer Fault Report for Senso	ry Environment at «Co	mp_Name»			
TO: Experia Acorn Phase 3 High Street Grimethorpe South Yorkshire S72 7BD			Date:		
FROM: «Comp_Name» «Addr_Address1» «Addr_Address2» «Addr_City» «Addr_State» «Addr_PostCode»		SITE ADDR	RESS (if dif	ferent):	
We require works to be carried out in our Sensory Room/MiLE/Soft Play Environment/Sensory Garden/Pool Sound and Light System (Delete as appropriate) PLEASE SPECIFY THE NATURE OF THE WORKS					
Snagging	Warranty	Maintenanc	e (General Repairs	
Order No for chargeable wor	ks:	Maintenance Plan Start Date:			
Authorised Signature:		Maintenance Plan Finish Date:			
Print Name:					
Date:					
Preferred Date	Start Time	e [Fin	ish Time	

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SNAGGING / WARRANTY / MAINTENANCE / GENERAL REPAIRS

The following works are requested to be executed [Please refer to the initial product inventory and room design for issuing clear description]

Description of Works	Reason for works	Completed? (Initials)
multisen	sory fo	reveryone
Work Satisfactorily Finished		
Signature:	Te	echnicians Signature:
Print Name:	Pt	rint Name:
Position:	Co	omments:
Date:		