#### Administrative Systems Services

## Problem Report Form

|  |  |
| --- | --- |
| AMSS Form No. : F02 AMSS Ref. No.:  Part A : Problem Description (To be filled in by user.)    To : |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| User Ref. No. | | |  | | Problem Date | | |  | | |
| Dept./Section | | |  | | Problem Time | | |  | | |
| System/Subsystem | | |  | | Problem Place | | |  | | |
| Contact Tel. No. | | |  | | Expected Date | | |  | | |
|  | |  | | |  | | | |  | |
| Observed Symptoms , consequence and urgency of t | | | | | the problem: | |  | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | Reported by | | | Endorsed by | | Accepted by | | | | |
| Testing | | | | Production |
| Name |  | | |  | |  | | | |  |
| Signature |  | | |  | |  | | | |  |
| Date |  | | |  | |  | | | |  |

Part B : Problem Fixing (To be filled in by AMSS.)

|  |  |  |
| --- | --- | --- |
| Problem determination and findings, remedial action taken and/or suggested workaround/system modification: : | | |
|  |  |  |

Project Code :

|  |  |  |  |
| --- | --- | --- | --- |
| Effort | Manday(s) | From | To |
| Estimated |  |  |  |
| Actual |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Defined by | Endorsed by | Completed by | Checked by |
| Name |  |  |  |  |
| Signature |  |  |  |  |
| Date |  |  |  |  |