

# LANDLINE PHONE MAINTENANCE LOG

FACILITY / DEPARTMENT:

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SYSTEM CONTROLLER / PBX MODEL:

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LOG PERIOD (FROM - TO):

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SUPERVISOR IN CHARGE:

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DATE	EXT. / LINE NO.	LOCATION / ROOM	ISSUE REPORTED / SYMPTOMS	ACTION TAKEN / PARTS REPLACED	TECHNICIAN SIGN

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Supervisor Signature / Date