

# Repair Cafe – Routing Slip

(one routing slip for each item to be repaired)

Number \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Email address \_\_\_\_\_

City \_\_\_\_\_ Age Group (check one):  < 20  21-40  41-60  61 +

## Category of item to be repaired

- |   |  |
|---|--|
| <input type="checkbox"/> Bicycles/Tricycles       | <input type="checkbox"/> Household appliances, electrical  |
| <input type="checkbox"/> Books                    | <input type="checkbox"/> Household items, non-electrical   |
| <input type="checkbox"/> Clocks/Watches           | <input type="checkbox"/> Lamps/Lighting                    |
| <input type="checkbox"/> Computer                 | <input type="checkbox"/> Phones                            |
| <input type="checkbox"/> Radio/TV/Video/Music     | <input type="checkbox"/> Porcelain/Ceramics/Pottery/Glass  |
| <input type="checkbox"/> Optical                  | <input type="checkbox"/> Textiles (Clothing, Fabric, Rugs) |
| <input type="checkbox"/> Furniture                | <input type="checkbox"/> Tools                             |
| <input type="checkbox"/> Garden Tools & Equipment | <input type="checkbox"/> Toys                              |
| <input type="checkbox"/> Leather & Shoes          | <input type="checkbox"/> Other _____                       |

**Describe the item:**

**Brand / Model:**

**Defect or complaint:**

Total weight of item (including accessories): \_\_\_\_\_ lbs.

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**Repair Volunteer (name):** \_\_\_\_\_

**Diagnosis:**

**Parts or Materials used:**

**Was the item repaired?**  Yes  No  Partially

- Issues:  Parts not available  
 Not enough time  
 Broken beyond repair  
 Other \_\_\_\_\_

**Was a homework sheet provided for the visitor?**  Yes  No