

Company/Artist:

Date:

XDiSC production number:

**Side A** 

Complaint cause:

- Sound pops and clicks  
 Music looping  
 Needle stroke  
 Cutting issues

Location of the defect on the record, with time and track indication

1. A1 -> .....  
 2. A2 -> .....  
 3. A3 -> .....  
 4. A4 -> .....  
 5. A5 -> .....  
 6. A6 -> .....  
 7. A7 -> .....

Does the problem occur on all records?

yes

no

**Side B** 

Complaint cause:

- Sound pops and clicks  
 Music looping  
 Needle stroke  
 Cutting issues

Location of the defect on the record, with time and track indication

1. B1 -> .....  
 2. B2 -> .....  
 3. B3 -> .....  
 4. B4 -> .....  
 5. B5 -> .....  
 6. B6 -> .....  
 7. B7 -> .....

Does the problem occur on all records?

yes

no

**Additional comments:****Decision - acknowledgement:**    yes    no

Procedure:

\_\_\_\_\_  
Signature and stamp of the person making the complaint\_\_\_\_\_  
Signature and stamp of the person receiving the complaint

Signature: \_\_\_\_\_