



REPORT

Blade Repair

Lightning system checked

Drainhole checked

A

B

C

Site/location	
Turbine no. (owner)	
Turbine no. (OEM)	
Turbine manufacturer	
Blade type	
Blade serial no.	

Kwh produced	
Hours of operation	
Repaired by (full name)	
Repair date	
Approved by (full name)	
Date of approval	





DAMAGE No.	1	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	2	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	3	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	4	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	5	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	6	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	7	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	8	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	9	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			



DAMAGE No.	10	CATEGORY	-
(Description of damage)			
(Insert photo of damage and photo card)			