

PRODUCT SERVICE REPAIR FORM

ENCLOSE THIS FORM WITH THE DELIVERY NOTE

DATE

SENDER

Company name.....
Address,
Phone no.
Contact person.....

PRODUCT TYPE (see product label)

DEVICE CODE,
S/N (serial number).....

OPERATING CONDITIONS

Location/installation description,
.....
Chemical,
Start-up (date) Running time (approx. hours).....

REMOVE ALL THE LIQUID IN THE PUMP HEAD AND DRY IT BEFORE PACKAGING IN ITS ORIGINAL BOX OR APPROPRIATE SIZED BOX.

DESCRIPTION OF PROBLEM

MECHANICAL
Wear parts.....
Brekage/other damages,
Corrosion.....
Other.....

ELECTRICAL
Connections, connector, cables,
Operating controls (keyboard, display, etc.),
Electronics.....
Other.....

LEAKS
Connections.....
Pump head

NOT OR INADEQUATE FUNCTION/OTHER
.....
.....
.....

I declare that the dosing pump is free of any hazardous chemical.

Signature of the sender

Company