

Covering sheet for rejects

1. Contact informations

Company name:

Contact person:

Address:

State, ZIP, City, Country:

Phone:

Fax:

E-Mail:

Device type / Part no. / Serial no:

Date of installation (Power-On date):

Type of installation:

Low voltage system

Medium voltage system

Approx distance to transformer:

2. Reason for returning goods

Defective

Calibration

Wrong delivery

Return of rental / Loan device

Other
Please
describe.

3. Further data regarding the defect

Missing / Loss of
measured data or
recorded data

Mechanical damage

Interface failure

Network (Comms) failure

Temperature dependend failure

Total failure

Intermittent problem failure

4. Detailed description (e.q. the defect: how, when, where, why, circumstances ...etc)

 **Please always include a proforma invoice with the purchase value of the equipment.**