

RMA N°: _____

Company: _____

Final Customer: _____

Person in Charge:

Name: _____

E-Mail: _____

Phone: _____

Type of Unit & Serial Numbers:

Model: _____

S/N: _____

Model: _____

S/N: _____

Model: _____

S/N: _____

Model: _____

S/N: _____

Reason for return: (multiple choice possible)

- Service** (Function is OK, unit will be checked, spare parts replaced if necessary, calibration, firmware update)
- Calibration** (Unit will be inspected and calibrated)
- Firmware update only** (Firmware will be updated to the latest released version and the unit will be tested)
- Repair** (At least one function is faulty, see following options)
- Return after renting** (The unit is property of Flow-Tronic and was only rented)
- Others** (please describe the reason for return)

Diagnostic information's in case of a repair request:

Please kindly state the observed failure(s) and eventual causes:

Failure(s):

Power Supply

OK

FAULTY

Fuse

OK

BURNED

Communication

OK

FAULTY

Velocity

OK

FAULTY

Level

OK

FAULTY

Failure description and eventual causes:



This document must be attached to every material return to Flow-Tronic.
Units won't be implemented to our RMA system without this document.



How long was the unit installed on site before failure?

What actions have been made to solve the problem? Was the service team contacted?

If any tests were performed, please attach or summarize the results?

Please attach any photos or videos from the site or e-mail them to service@flow-tronic.com

Photos attached? Yes By e-mail No

Accessories: Please specify (Mounting accessories, SIM-Cards, communication cable, antennas, batteries,...)

Additional Information:

Please note that all sensors/accessories have to be cleaned before the return and that Flow-Tronic has to be informed if any part of the sensor was in contact with any kind of toxic or dangerous medium.

Measured medium: _____

Is it harmful?: No Yes (safety specification sheet must be attached)

Is the sensor cleaned? Yes No

By signing this document, the person in charge confirms that the above stated information is correct and that the equipment has been cleaned and is therefore free of any liquid and/or solid wastes of the measured medium and/or cleaning medium:

Date

Company stamp & e-mail address

Signature of person in charge



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