

Service Form

RRU-No. _____

Dear Customer,

We only use high quality materials and components in the manufacture of our products. Prior to dispatch we carry out a full and comprehensive inspection of all items. However faults can occur, in this situation we would like to assist you promptly and efficiently. Please complete and return this form, with relevant images if available.

Reason for returning the goods:

Product details:

Date of purchase: _____

Type: _____

Order-No.: _____

Article-No.: _____

Serial-No.: _____

Your details:

Customer code: _____ Date: _____

Company: _____

Name: _____

Street: _____

State/Postcode/Town: _____

Telephone: _____

Fax: _____

eMail: _____

Before returning any products:

Complete and return this form. Ensure the products have been cleaned and remove any process residue.

If necessary neutralize the device from any hazardous substance. Pack the device carefully to prevent any further damage.

Return the goods DAP (delivered at place).

1. Process details:

Process liquid: _____

Chemical composition: _____

Concentration: _____

pH-Value: _____

Chemical carry over: yes no

if yes, Type: _____

Max. working temperature (°C): _____

2. Installation:

Arrangement in tank: vertical horizontal

Fixing:

flanged screwed welded


Holding sleeve Mounting sleeve Cross beam

3. Tank details:

Fume extraction (m/s) yes: _____ no

Lid (%) yes: _____ no

Tank dimensions in mm:

 Length: _____ Width: _____ Height: _____

 Diameter: _____ Height: _____

Liquid level (mm): _____ min: _____ max: _____

Distance from terminal casing to level (mm): _____

4. Electrical data:

Supply voltage (V): _____

5. If possible please send images of the device and installation

(select if applicable)

