

Claim Report (RMA)

(Not intended for damage due to transport)



Product to be claimed

| Number/Article number/EAN-code | Quantity | Serial no/Batch no | Type designation | Order number /ABB purchase |
|--------------------------------|----------|--------------------|------------------|----------------------------|
| | | | | |

Fault description

| | |
|---|--|
| Fault description general: (Describe the fault as detailed as possible) | |
| LED info: (Which diodes where on or off? Fault codes? etcetera) | |
| Connected parts: (Relay, expansion units, Tina sensors etcetera) | |
| Fault frequency: (Constant, once an hour, once a week etcetera) | |
| Disturbance: (Volt, disturbing environment e.g. frequency converter) | |
| Observations: (How was the fault detected? Any troubleshooting details?) | |

Mounting and operating conditions

| | | | | | | | |
|--|--|---|---|---|------------------------------------|---|------------------------------------|
| Placing? | Humidity? | Dusty? | Aggressive environment? | Vibrations? | Operating time? (hours? years?) | Permanently heating? | Surrounding temperature? |
| <input type="checkbox"/> Inside <input type="checkbox"/> Outside | <input type="checkbox"/> Moist <input type="checkbox"/> Dry | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Water <input type="checkbox"/> N/A <input type="checkbox"/> Chemicals | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Min temp: _____ Max temp: _____ |
| Is the product installed according to valid regulations and standards? | | | Is the product installed according to ABB mounting instructions? | | | Is circuit diagram available? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes, can be sent upon request. <input type="checkbox"/> No, cannot be sent. | |
| Other information? End-customer? | | | | | | | |
| | | | | | | | |

General information

| | | | |
|-------------------------|----------------|-------------------|--------|
| Buyer | Contact person | Phone | e-mail |
| | | | |
| Seller (ABB or dealer?) | Contact person | Phone | e-mail |
| | | | |
| Client/Plant owner | | Installation site | |
| | | | |

Replacement

| | |
|--|---------------------------|
| <input type="checkbox"/> Credit <input type="checkbox"/> New unit <input type="checkbox"/> Repaired (if possible) | |
| Marking of eventual credit note | Eventual delivery address |
| | |
| Claim report | |
| <input type="checkbox"/> None <input type="checkbox"/> Report with corrective actions <input type="checkbox"/> 8D Investigation (At recurrent, frequent problem) | |

Form filled out by:

| | |
|------|----------------|
| Name | Phone / e-mail |
| | |

E-mail the completed form to **order.jokabsafety@se.abb.com** or fax to **+46 (0) 40 – 671 56 01**.

A delivery instruction will then be sent out by the ABB Jokab Safety Order team.

Please do not send in any product/products before you have received the delivery instructions.

The goods must be clearly marked with ABB QN number. Sender pays for the freight.