



Service Support Request Form

When completed, please fax back to AB Precision

FAX No: 01202 675965

For the Attention of :

Date __/__/__

From: Company:

Machine

SECTION A - FAULT DETAILS

Date when fault identified __/__/__

Time when fault identified __: __

Location of fault :

Station No. __

Station Description:

Description of Fault:

Action Taken:

Adjustment Made:

Now please complete Section B

SECTION B – MACHINE CHECK LIST

- | | | |
|---|--|--|
| <p>1 What is the air pressure on the machine? bar</p> <p>2 Is the electrical power on across all phases? Yes/No</p> <p>3 Does the machine operate in manual mode? Yes/No</p> <p>4 Do the indicators on the sensors operate? Yes/No</p> <p>5 Is the correct I/O on plc illuminated? Yes/No</p> | | <p>6 Are there spares available? Yes/No</p> <p>7 Has the manual been checked? Yes/No</p> <p>8 Have the electrical circuit breakers been checked? Yes/No</p> <p>9 Is the fault log up to date? Yes/No</p> <p>10 Has the product changed? Yes/No</p> |
|---|--|--|

What type of support is required: Telephone Site Visit (Tick as Appropriate)

If a site visit, please complete Section C.

SECTION C – CALL-OUT REQUEST Purchase Order number for any charges

We request a site visit to analyse and correct the fault described above. It is understood that should this visit be found not to be covered by the warranty on the equipment then the cost of the visit will be charged to the above purchase order number.

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Date __/__/__

Signature

Contact telephone number.....