

Plasmatronics Service Repair Form



Company :			
Contact Person:			
Customers Ref.:			
Street Address:			
	State:	Postcode:	
Contact No :	Mob. No:		
Email Address:			

Our Job Number:	
Date Booked In:	/ / 2016
Brand:	
Model:	
Version Number:	
Serial Number:	
Manufacture Year:	
New Version No:	
New S/N:	

Quote <input type="checkbox"/>	Repair <input type="checkbox"/>	Warranty <input type="checkbox"/>	Unrepairable <input type="checkbox"/>	<input type="checkbox"/> RMA :
---------------------------------------	--	--	--	---------------------------------------

Customers Settings:	IN	OUT	Unit condition :	IN	OUT
Battery Voltage:	v	<input type="checkbox"/>	Manual	<input type="checkbox"/>	<input type="checkbox"/>
Program Setting:		<input type="checkbox"/>	Box / Lid	<input type="checkbox"/>	<input type="checkbox"/>
Battery Capacity:	AH	<input type="checkbox"/>	Accessories:	<input type="checkbox"/>	<input type="checkbox"/>

Customer Fault Description:	
------------------------------------	--

Physical Damage / Corrosion / Insects	
Photos taken	
Program settings saved	
Functional Bench Test Pass	
R46: Upgraded / Checked	
D3 CS1/D4: Upgraded / Checked	
PL60 Transorb replaced	
PL60 TVS diodes added	
PL60/80 C1: Upgraded / Checked	
___ / ___ / ___ Sent to CAL/TEST	
___ / ___ / ___ Full CAL/TEST Pass	
___ / ___ / ___ Program settings restored	

Observed Fault:	N.F.F		Faulty		

Repair Details:			
	To Disposal Shelf ? ___ / ___ / ___ Who: _____		

Comments:			

Price Quoted (Total):	Despatch Tracking Reference No.:	Repair	\$
Quoted by Tech: ___ / ___ / ___	Or Dispatched with other repair No:	Express Freight	\$
Quoted approved by:		GST	\$
Quote approval Date: ___ / ___ / ___	Finalise Date: ___ / ___ / 2016	TOTAL (inc. GST)	\$