



**Defect Report Form**

RMA No:

*Please copy this sheet and use it to report any defect which may occur*

Customers Name & Address:	Contact Name:
	Telephone No:
	Email:
Supplied by:	Date when installed:
Site:	Circuit:

*When defect found*

Date:	Commissioning?	In service?	Systems fault?	Other, please state:
Product Part No:			Serial number:	
Copy any message displayed by the relay:				
Describe Defect:				
Describe any other action taken:		Repair Warranty:	Non Warranty:	
Please Print Name:			Date:	

*For RMS use only*

Date Received:	Contact Name:	Reference No:	Date Acknowledged:	Date of Reply:	Date Cleared:
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