



Korta Gatan 9
171 54 SOLNA
Sweden

Complaint form

D2/Logix 500si, D3/Logix 800

Fax: +46 8 555 10601

PMV Complaint no:

From: _____

Date: _____

Warranty claim Yes No

Reference: _____

Your complaint no: _____

Phone: _____

Fax: _____

PMV P/N _____

PMV S/N _____

Prior to return to PMV, I have:

Done factory set, calibrated the input signal and run an auto calibration.

Signature: _____

Description of complaint:

- Air leak, actuator-static
- Air leak, actuator-drifting
- Unit does not respond to signal change
- Calibration
- Other

- Electronics
- Communication
- Enclosure Software
- Accessories / spare parts

Signature _____

To be filled in by PMV

Ankom PMV.....

Kund nr.....

Garanti

Order nr.....

Lev.datum.....

Ja Nej

Utredning Se bilaga

Åtgärd/beslut Se bilaga

QA datum/sign

Åtgärd marknad Se bilaga

MA datum/sign