

Dear Customer,

If you have reason to complain because our devices do not comply with the defined properties, you can use this form to describe the defect that has occurred and the environmental conditions of use. A completely as possible filled out form will help to find the cause and also to avoid problem cases in the future. Pictures of the damage and the deployment environment are also very helpful.

We thank you in advance for this.

Your Digmesa - Quality - Team

Your data:

Company: _____

Department: _____

Contact: _____

Address: _____

Country - Location: _____

E-mail address: _____

Phone: _____

Your order number: _____

Article number: _____

Digmesa delivery note number: LS-_____

Quantity delivered: _____ Stk.

Quantity complained: _____ Stk.

Your complaint number: _____

Damage pattern(s):

- | | |
|--|--|
| <input type="checkbox"/> No impulses | <input type="checkbox"/> contaminated |
| <input type="checkbox"/> Faulty impulses | <input type="checkbox"/> leaky |
| <input type="checkbox"/> No function | <input type="checkbox"/> Incomplete |
| <input type="checkbox"/> Faulty function | <input type="checkbox"/> Wrong article |
| <input type="checkbox"/> No flow | <input type="checkbox"/> Incorrect labeling |
| <input type="checkbox"/> Weak flow | <input type="checkbox"/> Incorrect documentation |
| <input type="checkbox"/> Damaged | <input type="checkbox"/> Mounting not possible |
| <input type="checkbox"/> Electrical connections not OK | <input type="checkbox"/> _____ |

Damage occurred at... :

- | | |
|--|---|
| <input type="checkbox"/> ... incoming inspection | <input type="checkbox"/> ... final inspection |
| <input type="checkbox"/> ... mounting | <input type="checkbox"/> ... end customer |
| <input type="checkbox"/> ... test run | <input type="checkbox"/> ... _____ |

Damage occurred after ... :

- | | |
|--|--|
| <input type="checkbox"/> ... 0 hours (The device never worked) | |
| <input type="checkbox"/> ... function test | |
| <input type="checkbox"/> ... endurance test: approx. _____ | <input type="checkbox"/> hours / <input type="checkbox"/> days |
| <input type="checkbox"/> ... field use: approx. _____ | <input type="checkbox"/> days / <input type="checkbox"/> months / <input type="checkbox"/> years |

Application:

- Medium:
 - Water
 - Deionized water
 - Other liquid: _____
 - Designation: _____
 - Viscosity: _____ cPs / mm²/s
 - Medium Temperature max.: _____ °C / °F
 - Flushing medium: _____

- Flow rate: min. _____ / max. _____ l/min / ml/sec / gal/min / fl.oz./sec

- Pressure at the device max.: _____ bar / MPa / psi

- Mounting position:
 - Horizontal Before the pump
 - Vertical After the pump
 - _____

- Attachments:
 - Images Customer complaint
 - Copy of delivery bill _____

Further notes:

Date: _____ Name: _____ Email: _____

Please send the form, filled out as completely as possible, to the following e-mail address:
quality@digmesa.com

After an initial data check, we will inform you about the further procedure.

If you have a need for a replacement of the failed equipment as soon as possible, please contact our sales department at sales@digmesa.com.

Many thanks!

DIGMESA AG
Quality department
Keltenstrasse 31
CH – 2563 Ipsach

Email: quality@digmesa.com

Tel: +41 32 332 77 77