Service Order

FLUKE Reliability

Representative	Product & serial number (please list all parts sent in)
Customer (name appears on certificate)	
Date / A cost estimate is not necessary for repair costs up to EUR:	

Description of malfunction

1. Reason for return:

○ Repair ○ Calibration ○ Modification ○ Replacement ○ Other:

2. How frequently is the device used in a period of one month?

○ Rarely ○ 1-5 times ○ 6-10 times ○ very often ○ do not know

3. If repairs are necessary, please provide a precise description of the problem.

4. The repair is covered by the warranty.

☐ Yes ☐ No

5. The device is functional after it is switched on.

☐ Yes ☐ No | Please describe any malfunctions in detail:

6. When does the error occur?

☐ Always ☐ Occasionally ☐ Under certain conditions (e.g. temperature, humidity, light, jolting, ...)

7. Does the returned equipment contain faulty accessories?

☐ Yes ☐ No

8. Was an attempt made to localize the problem using spare parts?

☐ Yes ☐ No

Comment

Original: PRÜFTECHNIK Service | 1st copy: delivery note to Fluke Deutschland GmbH | 2nd copy: Representative

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