

Please fill in the questionnaire and send it together with your defective unit to:

RACO-Elektro-Maschinen GmbH Repair-Center Steinwegstraße 25-33 58332 Schwelm/Germany	For further inquiries please contact us Phone: +49 2336 4009-40 E-Mail: service@raco.de Homepage: www.raco.de
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Company: _____ **Contact:** _____
Street: _____ **Phone:** _____
Zip code: _____ **Location:** _____ **Fax:** _____
Country: _____ **E-Mail:** _____
Customer reference / Request no.: _____ (if available) **Date:** _____
I am available from ... to...: _____

Invoice address (if not customer address)
Street, no.: _____ **Zip code :** _____
Location: _____ **Country:** _____

Following will be sent for repair:

Device type <small>(e.g. T1A5)</small>	Device No. <small>(not the motor number)</small>	Description of failure <small>(or tick below)</small>

- | | |
|---|---|
| <input type="checkbox"/> The device makes unusual noises | <input type="checkbox"/> There is no function detectable |
| <input type="checkbox"/> The device works but shall be maintained | <input type="checkbox"/> No movement despite motor running |
| <input type="checkbox"/> External mechanical damage | <input type="checkbox"/> Please send me a cost estimate
<small>(With costs depending on the effort)</small> |

Declaration of contamination:

Repair of the device is only performed when the declaration of contamination has been filled in completely.

Process related contamination of the device:

- | | | | | |
|------------------|-----------------------------|------------------------------|-------------------|-------|
| Toxic | <input type="checkbox"/> no | <input type="checkbox"/> yes | which substances? | _____ |
| Acid | <input type="checkbox"/> no | <input type="checkbox"/> yes | which substances? | _____ |
| Explosives | <input type="checkbox"/> no | <input type="checkbox"/> yes | which substances? | _____ |
| Radioactive | <input type="checkbox"/> no | <input type="checkbox"/> yes | which substances? | _____ |
| Microbiological | <input type="checkbox"/> no | <input type="checkbox"/> yes | which substances? | _____ |
| Other substances | <input type="checkbox"/> no | <input type="checkbox"/> yes | which substances? | _____ |

Date, **Signature**