



OTC DAIHEN, Inc.
ADVANCED WELDING & ROBOTIC SYSTEMS
 1400 Blauser Drive
 Tipp City, OH 45371
 Ph: (937) 667-0800 Fax: (937) 667-0885

SERVICE REQUEST/AUTHORIZATION

Please complete ALL applicable sections and Fax to DAIHEN Inc. Attn: Service Coordinator

SECTION I – Customer Information

End User:

Company Name: _____ Contact Name: _____

Address: _____

Telephone: _____ Fax: _____

PO# ^(Note 1) _____ Warranty Requested?^(Note 2) Yes No

Distributor: (If Applicable)

Company Name: _____ Contact Name: _____

Address: _____

Telephone: _____ Fax: _____

PO# ^(Note 1) _____ Warranty Requested?^(Note 2) Yes No

SECTION II – Equipment Information

Description of Equipment: _____

Controller Type: _____ Serial Number: _____

Manipulator Type _____ Serial Number: _____

Weld Power Source: _____ Serial Number: _____

Software Version: _____ Optional Software: _____

System: (T60, E120, FW...etc) _____

Optional Equipment:

External Axis [Type: 2 Axis pos. 1 Axis pos. Slider] Sensor Function

Other: _____

SECTION III – Scope of Work

Installation:

Type of Support Requested: Supervision Hook-up/Set-up Assistance Start-up

Number of Total Days Requested _____

Process/Programming:

Existing Program Modification/Enhancement New Program Creation

MIG [Pulse Non-Pulse] MAG TIG Fusion TIG Filler Plasma Material Handling

Wire Size: _____ Gas: _____

Number of Total Days Requested _____



SERVICE REQUEST/AUTHORIZATION

Maintenance:

Preventive: Annual Preventive Maintenance Third Year Preventive Maintenance

Corrective: (Please complete the items below, be as specific as possible)

Operation at time of failure: Diagnostics Servo On Teaching Auto

Type of Failure: Error No Servo On No Display Teach Not Possible Auto Not Possible

Noise Position Deviation Vibration Unexpected Movement Other

Symptoms at time of failure: _____

Error Code(s): _____

Additional Information: _____

SECTION IV – Authorization

I _____ of _____ hereby authorize DAIHEN, Inc., or a representative of DAIHEN, Inc. to provide such service and parts necessary, in the opinion of DAIHEN, Inc., to resolve the issue(s) as indicated above. This authorization shall act as a Purchase Order for the above services, including travel and labor at DAIHEN, Inc.'s standard rates.

Signed: _____

Dated: _____

Title: _____

Note 1 – Purchase order number must accompany service request for work to be authorized and scheduled by DAIHEN, Inc. In the event of possible warranty situation, PO must still accompany service until determination of warranty can be established by verification of equipment serial number and actual cause of failure.

Note 2 – Upon verification of equipment serial number and actual cause of failure, warranty may be given as appropriate by DAIHEN, Inc.

Internal Use Only

Service Order Number: _____