



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

## REPAIR REQUEST/RETURN AUTHORIZATION

Please complete ALL applicable and Fax to OTC DAIHEN, Inc. Attn: Service

### SECTION I – Customer Information

**End User:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

PO# <sup>(Note 1)</sup> \_\_\_\_\_ Warranty Requested?<sup>(Note 2)</sup>  Yes  No

**Distributor: (If Applicable)**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

PO# <sup>(Note 1)</sup> \_\_\_\_\_ Warranty Requested?<sup>(Note 2)</sup>  Yes  No

### SECTION II – Equipment Information (Fill in applicable equipment below)

Description of Equipment: \_\_\_\_\_

Controller Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Manipulator Type \_\_\_\_\_ Serial Number: \_\_\_\_\_

Weld Power Source: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Teach Pendant: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Weld Interface: \_\_\_\_\_ Serial Number: \_\_\_\_\_

### SECTION III – Scope of Work

**Reason for Return:**

Preventive Maintenance  Repair

*Preventive Maintenance:*  Annual Preventive Maintenance  Third Year Preventive Maintenance

*Repair: (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: \_\_\_\_\_

## REPAIR REQUEST/RETURN AUTHORIZATION

### 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.

Note 3 – A copy of this form must be included with the shipment.

Note 4 – All equipment must be received within 30 days of issuing RMA or RMA will be cancelled.

Note 5 - If we do not receive approval for this repair within 3 weeks of the quote date we will ship the unit back freight collect as it was received and charge \$190 evaluation fee.

### SECTION V – Return Information

Date RMA Number Issued: \_\_\_\_\_

Date Material Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Issued to Service: \_\_\_\_\_

Repair Order Number: \_\_\_\_\_

#### **SHIP TO:**

OTC DAIHEN, Inc.

Attn: Service

1400 Blausser Drive

Tipp City, OH 45371

RMA #: \_\_\_\_\_