



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# ^(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 (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: _____

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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 Blausen Drive

Tipp City, OH 45371

RMA #: _____