



Repair Request Instructions

- 1) Please complete enclosed form
- 2) Please return via email to service@daihen-usa.com or Fax to 937-667-0885
- 3) Once received the Operations Coordinator will assign an RMA# and return to you for shipment processing.

Note 1 - Purchase Order Number MUST accompany RMA 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. **To validate warranty you will need to provide serial numbers for the original equipment it came from. (controller, manipulator, etc.)**

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 \$190.00 evaluation fee.

Please call Operations Coordinator at 937-667-0800 x254 with any questions.



OTC DAIHEN REPAIR REQUEST AUTHORIZATION FORM

Please complete ALL applicable & Email Service@Daihen-usa.com or Fax 937-667-0885 OTC DAIHEN, Inc. Attn: Service

End User:		Distributor: (If Applicable)	
Company Name:		Company Name:	
Contact Name:		Contact Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
Phone #:		Phone #:	
Fax #:		Fax #:	
PO# (see note 1):		PO# (see note 1):	
Warranty Requested	Yes <input type="checkbox"/> No <input type="checkbox"/> (See note 2)	Warranty Requested	Yes <input type="checkbox"/> No <input type="checkbox"/> (See Note 2)
E-Mail:		E-Mail:	

Description of Equipment:

Controller Type:	Serial Number:
Manipulator Type:	Serial Number:
Weld Power Source:	Serial Number:
Teach Pendant:	Serial Number:
Weld Interface:	Serial Number:

Reason for RMA:

Preventive Maintenance Repair & Return

Preventive Maintenance: Annual (1vr) PM 3vr PM

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

Operation at time of Failure : Diaagnostics Servo On Teachina Auto

Type of Failure: Error No Servo On No Display Noise Vibration

Position Deviation Teach Not Possible Auto Not Possible Other

Symptoms at time of failure:

Error Code(s):

Additional Information:

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

Signed: _____

Dated: _____

Title: _____

Signed: _____

SHIP TO:
OTC DAIHEN, INC.
ATTN: SERVICE
1400 Blausner Drive
Tipp City, OH 45371

RMA #: _____

Internal Use Only

DOCUMENT NAME: REPAIR AUTHORIZATION REV:01

RELEASED ON: 02/15/13

DOCUMENT OWNER: SVC COORDINATOR

SOP: 805SER OTC DAIHEN, INC.

Date Material Received: _____

Received by: _____

Date Issued to Service: _____

Repair Order Number: _____