Device serial number: .....

Sender:

Company			
Address			
ZIP code, city			
Contact person		Customer no	
e-mail		Telephone	

Return the device to:

- ❑ Device should be returned to the sender's address
- ❑ Device will be picked up

❑ Service only, NO repair

- ❑ Maintenance and recalibration incl. electrical safety testing DGUV 3

Cost estimate is drawn up ***without*** checking the device.

❑ Additional repair

❑ Error description: .....
.....
.....
.....
.....

Error occurs❑ sporadically or❑ permanently

A cost estimate ***is*** drawn up ***after an initial inspection*** of the appliance.

❑ .....
.....
.....
.....
.....

❑ We hereby confirm that there are no toxic, aggressive, radioactive or other hazardous media in or on the device / sensor.

Name Date Signature