

Fax completed form to: 1 (585) 321-9293
 or Email to: repairs@micromod.com



◇ REPAIR/RETURN AUTHORIZATION FORM ◇

(Please obtain "RETURN AUTHORIZATION NUMBER" from MMA prior to shipment of product to MMA)

THIS SECTION FOR MMA USE ONLY	
Return Authorization #: RA _____	<input type="checkbox"/> Non-Warranty <input type="checkbox"/> Warranty
SHIP TO REPAIR LOCATION AS CHECKED BELOW	
<input type="checkbox"/> MICROMOD AUTOMATION, INC 3 TOWNLINE CIRCLE, STE 4 ROCHESTER, NY 14623-2537 USA	
Approved by: _____	Date: _____

PLEASE FILL OUT ALL BOXES					
Date: _____					
Bill to Customer:			Ship to Customer :		
Address: _____			Address: _____		
City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____
Contact Name: _____			Phone Number: _____		
Fax Number: _____			E-mail address: _____		

Purchase Order Number: _____			Flat rate repair / Exchange price / non-flat rate repair / minimum evaluation fee will be charged to the purchase order.		
<input type="checkbox"/> Save and reload database as received from customer \$150.00 additional fee – see note below	<input type="checkbox"/> Flat rate repair fee (if repairable) _____ <input type="checkbox"/> Exchange price (non-repairable) _____ <input type="checkbox"/> Repair by Replacement _____	<input type="checkbox"/> Non-flat rate _____ Minimum evaluation fee of \$150 is applied for a billable repair.			

Note: If Save and Reload database option is selected, database will be returned as received. MicroMod Automation, Inc. assumes no responsibility for accuracy or functionality of customer database loaded into repaired controller.

Catalog/Model Number: _____	Serial Number: _____
Comments(Describe symptoms of problem): 	

SHIPPING INSTRUCTIONS:

- 1) THE "RETURN AUTHORIZATION NUMBER", MATERIAL SAFETY DATA SHEETS (MSDS) AND DECONTAMINATION STATEMENT **MUST** BE ON THE OUTSIDE OF THE SHIPPING CARTON.
- 2) INCLUDE A COPY OF THIS FORM WITH SHIPMENT.
- 3) MARK THE RETURN AUTHORIZATION NUMBER ON THE OUTSIDE OF THE SHIPPING CARTON.
- 4) SAFETY ASSURANCE: SEE PAGE 2/2.

MANDATORY DECLARATION
SAFETY ASSURANCE

Please fill out all boxes.

Application / process:			
Include related Chemical Names			
- Has the product been contaminated or exposed to toxic, hazardous or otherwise harmful materials?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify such material properly by checking the options below: A MSDS <u>MUST</u> be supplied with this form. <input type="checkbox"/> Carcinogen <input type="checkbox"/> Mercury <input type="checkbox"/> Poisonous Material <input type="checkbox"/> Corrosive Material <input type="checkbox"/> Radioactive Material <input type="checkbox"/> Biological / Infectious Substances <input type="checkbox"/> Oxidizer <input type="checkbox"/> Flammable/Combustible Material <input type="checkbox"/> Other:			
- Has the returned product been contaminated with a non-hazardous substance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Is the return product decontaminated so that it is safe for human handling?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*** IMPORTANT INFORMATION ***			
<ul style="list-style-type: none"> • Our repair department relies on the accuracy and completeness of this information to protect our employees from injury by exposure to toxic, hazardous or otherwise harmful materials. • All the necessary information <u>MUST</u> be provided or <u>NO</u> RA# will be assigned. • Returned products <u>MUST</u> be cleaned to a safe level for handling by employees. • MMA reserves the right to dispose, for safety reasons, any/all returned products without the requested information. All cost related to disposing of the return unit, including cleaning when necessary, will be billable. 			
Name:		Position:	
Company:		Telephone:	
Signature:		Date:	

Repair/Return Authorization Form (Instructions for use)

1. **P.O. Number:** (Purchase Order) is required in all cases. Warranty may be denied if problem is not a manufacturing defect or the unit was made before the effective warranty period (based on shipping date from MMA). We will provide an estimate to complete repair for a non-flat rate type of repair.
2. **Contact information:**
Someone who can discuss problem symptoms, operating environment, etc. so we can duplicate the failure mode. Once we have determined the cause of the problem we will call, provide an estimate to complete repair for a non-flat rate type of repair and obtain authorization to proceed.
3. **Catalog/Model Number, Serial Number:** Provide complete product identification information from the data plate.
4. The **PROBLEM SYMPTOMS** MUST be provided for each unit returned. A detailed description of the failure mode will speed the investigation and solution of the device's faults and its repair and return.
5. After receipt of this information MMA will assign an RA number and Fax this back to the Fax Number on the form, unless there are other instructions.
6. All prices and repairs are based upon MMA Inc. General Terms & Conditions of Sale. T&C's are available upon request.
7. Company policy is to return all repaired instruments with standard factory configuration, unless otherwise specified.