

# Form: Quick Fault Report

Return by **fax: +49 (0) 92 21 / 70 9-5 65**  
**E-Mail: fsb@glendimplex.de**  
 or mail to:

Glen Dimplex Deutschland GmbH  
 Kundendienst Systemtechnik  
 Am Goldenen Feld 18  
  
 95326 Kulmbach

Customer service partner no.: \_\_\_\_\_ Reference no.: \_\_\_\_\_  
 Customer service partner: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Postal code/Town: \_\_\_\_\_  
 Phone/fax: \_\_\_\_\_  
 Customer / Location of plant: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Postal code / Town: \_\_\_\_\_  
 Home/office phone no.: \_\_\_\_\_

**Device data:**

Type	Serial / service no.	Manufacture date (MD)	Commissioning date:
Purchase date:	Delivery date:	Supplier:	Date of complaint:

Reason for complaint: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fault identified / cause: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Non-conforming part:**

Part description	Order no./Part no.	Comments
Plant defect <input type="checkbox"/>	<b>Leakage</b> repaired <input type="checkbox"/> replaced <input type="checkbox"/>	<b>Mechanical</b> repaired <input type="checkbox"/> replaced <input type="checkbox"/>
Device defect <input type="checkbox"/>	Threaded joint <input type="checkbox"/>	Installation position of part <input type="checkbox"/>
	Soldered joint <input type="checkbox"/>	Connection <input type="checkbox"/>
	Component parts <input type="checkbox"/>	
	Other <input type="checkbox"/> _____	
		<b>Electrical</b> repaired <input type="checkbox"/> replaced <input type="checkbox"/>
		Wiring loose <input type="checkbox"/>
		incorrect <input type="checkbox"/>
		missing <input type="checkbox"/>
		interrupted <input type="checkbox"/>

Transport damage detected:	Defective part sent in:	Device was examined by (block letters please):
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**Statement of customer service center:**

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