Pump Inspection Report (To be completed upon return to Plastica)

| Customer Account Number: | Customer Name: |
|---|--------------------------------------|
| Date: | RMA: |
| Sales Order Number: | |
| Section 1 - To be completed by Returns Department | |
| Problem Reported: | |
| Call reported by: | Make: Argonaut |
| | |
| Date: | Model: |
| Serial Number: | |
| Notes: | |
| Section 2 – To be completed by Pump Department | |
| Condition of Pump and Defects Found: Components Required for Repair: | |
| | |
| Engineer's Signature: | |
| Print Name: Date: | |
| Section 3 – To be completed by Production Department | |
| Status after service: | Complete Under observation |
| _ | Incomplete Working solution provided |
| | Pending for spares |
| Production decision: | |
| | |
| Print Name: Date: | |
| Signature: | |