



FORT SMITH, ARKANSAS 72902

CONTROL PRODUCT WARRANTY REPORT

DATE		INVOICE NO.	
REPAIR FACILITY		DATE OF INVOICE OR REPORT	
ADDRESS		DATE PLACED IN SERVICE	
CITY & STATE		DATE OF FAILURE	
CUSTOMER		ON-SITE APPROVAL BY:	
ADDRESS			
CITY & STATE			
SERIAL NO.	CATALOG NO.	SPEC. NO.	
COMPLAINT			

- CIRCLE ONE CONDITION RESPONSIBLE FOR FAILURE
- CHECK OTHER CONDITIONS FOUND.

AC PRODUCT FAILURE CODES:

- | | |
|---------------------|----|
| POWER SUPPLY | SP |
| BRIDGE RECTIFIER | BR |
| CONTROL BOARD | CB |
| OPTION BOARD | OB |
| CABLE | CL |
| DB TRANSISTOR | DB |
| CAPACITOR | CA |
| OUTPUT TRANSISTOR | OT |
| CONTACTOR | CR |
| | |
| FEEDBACK TRANSDUCER | FX |
| CURRENT SENSOR | CS |
| GATE DRIVE BOARD | GD |
| RELAY | RL |
| RESISTOR | RE |
| DB RESISTOR | DR |
| BRAKING KIT | BK |
| TRANSFORMER | TX |
| OTHER COMPONENT | OC |
| SOFTWARE | SW |
| SOFT START | SS |

DC PRODUCT FAILURE CODES:

- | | |
|-------------------------|----|
| FIELD POWER MODULE | FM |
| CONTROL BOARD | CB |
| TRANSFORMER | TX |
| FEEDBACK TRANSDUCER | FX |
| SCR (THYRISTER) | TH |
| INDUCTORS (ON HEATSINK) | IN |
| FIRING BOARD | FB |
| SOFTWARE | SW |
| UPDATE REQUIRED | UR |

Complete form, attach invoice and receipts
Send to your Local Baldor District Office

REASON FOR FAILURE	
REPAIRS MADE	
QUANTITY	PARTS USED / PART NUMBER
LABOR HOURS _____	AT \$ _____ PER HOUR
TRAVEL HOURS _____	AT \$ _____ PER HOUR
FLAT RATE CHARGE	
TRAVEL (MILES) _____	AT \$ _____ PER MILE
OTHER (APPROVAL NEEDED; RECEIPTS ATTACHED)]	
FREIGHT (BILLS ATTACHED)	
SERVICE HAS BEEN COMPLETED SATISFACTORILY	
CUSTOMER SIGNATURE _____	TOTAL
SERVICE SIGNATURE _____	