**Return-product Information Form**

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| To: Inneos-QA | Inneos QA Department: JWilkes@inneos.com |

**When the form is completely filled out, submit to Inneos QA at [JWilkes@inneos.com](mailto:JWilkes@inneos.com)**

**Customer Information (Below sections to be completed by Customer except for Authorization Number)**

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| --- | --- | --- |
| Date: | | Authorization Number:  ASSIGNED BY INNEOS-QA |
| Customer Company Name: | | Customer Main Phone Number: |
| Customer Contact Name/Title: | | Customer Shipping Address and Phone Number |
| Part Description & Part No: | | Effect on Business: |
| Quantity: | Within Warranty:  Yes or No | Did similar failure occur in the past)?  If yes, provide date: |
| Customer’s Description of Failure and what was being done when failure occurred : | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Serial #** | **Failure Modes** | **Failure Location/ Use Environment** | **Data Rate** | **Temp** | **RH (%)** | **Comments** |
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