**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**

**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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