



Warranty

SERVICE REPORT

Fax
Format

| |
|-------------------------------|
| SR Number _____ |
| <i>Assigned by Red Jacket</i> |

FAX TO RED JACKET WARRANTY 800-234-5350

| OWNER AND LOCATION | | DISTRIBUTOR/AUTHORIZED SERVICE ORGANIZATION | | DISTRIBUTOR | |
|---|-----------------------------------|---|-----------|-------------|-----------|
| Owner: | | Service Tech. Name: | Tech #: | Contact | Phone #: |
| Site Name: | Site Phone # : | Company: | | Company: | |
| Site Address: | Equip. Phone #: (if available) | Address: | Phone #: | Address: | |
| | Zip Code: | | Zip Code: | | Zip Code: |
| Ship Replacement Part To: <input type="checkbox"/> Owner <input type="checkbox"/> DWSO/AWSO <input type="checkbox"/> Distributor | | | | | |

| JOB 1 (List Serial # of Complete Unit/System) | | Authorization Code: | |
|---|-------------|----------------------------|--------------------|
| Service Date: | | Date of Installation: | |
| Complaint/Problem: | | Repair/Service: | Labor Charges: |
| Description | Description | Hours on Job | Overtime Hours |
| | | | |
| | | | |
| | | | |
| | | | Authorization #: |
| Additional Comments: | | Totals: | Total Hours |
| | | Labor Rate Per Hour | |
| | | TOTAL LABOR CHARGES | |

| SERVICE PARTS USED (List Serial #'s of Newly Installed Parts) | | | | | SELECT ONE: *Note: all Do Not Replace parts require a WPO# | | | |
|---|--------------------|---------------------|-------------|--------------|--|----------------------------------|---|-----------------|
| Returned Part #: | Returned Serial #: | Returned Date Code: | New Part #: | New Serial#: | New Date Code: | <input type="checkbox"/> Replace | <input type="checkbox"/> Do Not Replace | W.P.O #: |
| | | | | | | <input type="checkbox"/> Replace | <input type="checkbox"/> Do Not Replace | |
| | | | | | | <input type="checkbox"/> Replace | <input type="checkbox"/> Do Not Replace | |
| | | | | | | <input type="checkbox"/> Replace | <input type="checkbox"/> Do Not Replace | |

| WORK HAS BEEN SATISFACTORILY PERFORMED | WORK/HOURS HAVE BEEN ACCURATELY DESCRIBED | PARTS HAVE BEEN RETURNED |
|--|---|--------------------------|
| Owner Representative: | Service Technician: | Distributor/AWSO: |
| Date: | Date: | |