



REPAIR TAG

INJECTION VALVE

***** PLEASE COMPLETE THIS FORM AND ATTACH TO INJECTION VALVE *****

Service Level

<input type="checkbox"/>	RE-BUILD	<input type="checkbox"/>	WARRANTY
<input type="checkbox"/>	CORE EXCHANGE	<input type="checkbox"/>	FAILURE ANALYSIS
		<input type="checkbox"/>	HELIUM LEAK TEST

COMPANY NAME _____	STATE _____
DEVICE MFR. _____	
DEVICE MODEL NO. _____	SERIAL NO. _____
TECH. OR ENGR. _____	
PHONE NO. _____	EXT. # _____
OEM TOOL MODEL NO. _____	

LIQUID _____	Flow Rate _____		
ACTUAL LIQUID USED _____			
OPERATING PRESSURE: IN _____	<input type="checkbox"/> PSIG	OUT _____	<input type="checkbox"/> PSIG
	<input type="checkbox"/> TORR		<input type="checkbox"/> TORR
TEMP OR TEMP RANGE _____			

Purging Techniques

DATE REMOVED _____	GAS USED _____
TIME PURGING _____	
CAPPING PROCEDURE _____	

Important Notes/Symptoms

Additional Information

PO # _____	CUSTOMER INTERNAL P/N _____
SHIP TO: _____	
