

Repair Work Order

Product Information					
Company Name: _____					
Date Received: _____			RMA # Issued: _____		
Model #: _____			Serial #: _____		
Reported Problem: _____					
Unit Board Info / Trouble Code					
FET Board Info:		<input type="checkbox"/> F1-Blown FETs		<input type="checkbox"/> F5-FET Drivers	
Rev: _____		<input type="checkbox"/> F2-Shorted Thermistor		<input type="checkbox"/> F0-Other (Description)	
Date Code: _____		<input type="checkbox"/> F3-Shorted Transorb		_____	
<input type="checkbox"/> OPTO		<input type="checkbox"/> F4-Bad Power Supply		_____	
Control Board Info:		<input type="checkbox"/> C1-Bad PFC Chip		<input type="checkbox"/> C5-Overcharges Battery	
Rev: _____		<input type="checkbox"/> C2-Bad Comm.		<input type="checkbox"/> C0-Other (Description)	
Date Code: _____		<input type="checkbox"/> C3-Open Ribbon Cable		_____	
		<input type="checkbox"/> C4-Bad 5v Regulator		_____	
AC Board Info:		<input type="checkbox"/> A1-T5 (Line Sense Tfmr)		<input type="checkbox"/> A5-Bad/Wrong breaker	
Rev: _____		<input type="checkbox"/> A2-T3 (Inverter Sense Tfmr)		<input type="checkbox"/> A0-Other (Description)	
Date Code: _____		<input type="checkbox"/> A3-Open Ground (green wire)			
Miscellaneous:		<input type="checkbox"/> M1-No Problem Found		<input type="checkbox"/> M5-Broken Chassis	
_____		<input type="checkbox"/> M2-AC Filter Caps		<input type="checkbox"/> M6-Corrosion	
_____		<input type="checkbox"/> M3-Dented Top		<input type="checkbox"/> M0-Other (Description)	
_____		<input type="checkbox"/> M4-Broken DC End Plat			
Service Information					
Tested Symptoms: _____					

Services Performed: <input type="checkbox"/> See Replacement Parts: _____					

Repair Technician: _____		Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No		Repair Time: _____	
Final Technician: _____		Date Completed: _____			
Replacement Parts					
Part#:	Qty:	Date Code:	Rev:	Billable?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No