v.4

FAULT REPORT

Customer Support

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Contact Information (☆Required Field):

Name ☆ (Reporting Contact):		Phone☆:	
E-Mail Adresse☆:			
Name☆ (Technical Contact, if different)		Phone☆:	
Company ☆:			
Address (including Country):			

Machine Information (☆ Required Field):

Machine Number☆: (5-digit or from 2020 7-digit)		Machine Type☆:	
Year Built:		Control System:	

Fault Information (☆ Required Field):

Machine Status☆	◯ Running	◯ Limited Capacity		◯ Not Running		
Time of Fault		Machine was at 100% Before the Fault	◯ Yes	◯ No	No, Percent Capacity: _____	
Fault Type ☆:	Fault Type			(Select ONLY the Problem Component)		
Mechanical	NC Axis	Postition: (e.g. PP01)		Mech. Assembly / Componen	Servo Process Modules	
Electrical	Control System	Module		Cooling Unit		
Tooling	Tool Number: _____					
Welding	Welding Tool	Welding Control System		Cooling Unit		
Peripheral Equipment	☐ Decoiler	☐ Cooling	☐ Feed	☐ Camera	☐ Laser	☐ Vacuum
Serial # / Type (of the peripheral equip)						

Other Information: (How often does the Fault appear? What can you/have you done to get the machine running again? Which parts of the machine still function correctly? What limitations does the machine have? At the time of the fault, were there other factors that could affect the machine (e.g. Electricity Failure, other changes)? **More information can help us find a solution to the problem more quickly.**

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