# Complaint - Actuated valves - Additional information

**Dear customer,
You have announced a complaint on an automated valve or part of the equipment.
It is important and an absolute prerequisite that we get this additional information for us to make an accurate assessment of the complaint and give you the best feedback.**

**Please complete the form below as good as possible and please contact us if anything is unclear.**

|  |  |
| --- | --- |
| **Date:** | Click here to enter a date. |
| **Purchase Date:** | Click here to enter a date. |
| **Your reference:** |  |
| **Your order number.** |  |
| **Customer (invoiced):** **If other than above.** |  |
| **Contact person:** |  |
| **Phone:** |  |
| **e-mail:** |  |

**Description of the complaint:**

**Additional information:**

|  |  |
| --- | --- |
| **Item number:** |  |
| **Prod. description:** |  |
| **Dimension:** |  |
| **Serie- or part number:** |  |
| **Quantity:** |  |

**Material :**  **Other:**

**Gasket:**  **Other:**

**Date installation:** Click here to enter a date. **Date initial operation:** Click here to enter a date. **Medium in contact with product:** **Concentration:** **%**

**Working pressure (bar) max/min:       /       bar**

**Testing pressure:       bar Pressure fluctuations:**

**Working temp.:       °C Ambient temp.:       °C**

**Voltage:       Frequency:**

**Control pressure max/min:       /       Control medium:**

**Operation day per 24h:**

**Position horizontal or vertical:       Mounted with fixed point:**

**Replace material requested: Ja:** **[ ]  Nej: [ ]  Subsequent damage: Ja: [ ]  Nej: [ ]**

**Subsequent damage value:**