

AMERICAN STAINLESS PUMPS

Warranty Evaluation Form

Customer to fill in Data Below. Fax one copy to (310) 630-8095, and attach one copy to returned pump.

Customer Name _____ Date _____
 Customer Contact _____ RMA Number _____
 Phone Number _____ Customer Ref# _____
 Fax Number _____

Describe Pump Service _____

Pump Catalog # _____ Serial Number _____

Customer Complaint / Describe Pump Failure _____

American Stainless Pumps' Use Only Below This Line

Date Pump Received _____ Motor Manufacturer _____
 Pump Catalog # _____ Motor Cat # _____
 Test Point _____

Construction Special Notes _____

Inspection Date _____

External Visual Inspection _____ Bench Test _____

Disassembled Inspection Results

Damaged Part # _____	Description of Damage _____	_____
Damaged Part # _____	Description of Damage _____	_____
Damaged Part # _____	Description of Damage _____	_____
Damaged Part # _____	Description of Damage _____	_____
Damaged Part # _____	Description of Damage _____	_____

Warranty Decision _____ Explanation _____
 Decided By _____
 Date _____

Remedial Action _____