

DISSATISFACTION REPORT

SOTRAS

REPORT NO°

CUSTOMER:

DATE ISSUED:

ADDRESS:

CONTACT:

PHONE N°:

FAX N°:

FILTER

PRODUCT REF:

DESCRIPTION:

DATE CODE:

DATE INSTALLED:

HOURS:

DATE REMOVED:

HOURS:

DATE PRODUCT RETURNED:

RETURN NOTE N°:

REASON FOR PREMATURE REMOVAL:

CLIENT

OBSERVATIONS

COMPRESSOR

COMPRESSOR MAKE:

DATE OF MANUFACTURE:

MODEL:

MODEL N°:

TOTAL WORKING HOURS:

IS THE COMPRESSOR WORKING IN A CLEAN ENVIRONMENT ?

YES NO

IF "NO" PLEASE GIVE BRIEF DESCRIPTION.

HAS COMPRESSOR BEEN REGULARLY SERVICED WITHIN PARAMETERS LAID DOWN BY THE MANUFACTURER ?

YES NO

IF "YES" PLEASE COMPLETE THE FOLLOWING FROM YOUR SERVICE RECORDS

MAINTENANCE

LAST SERVICE DATE:

CLOCK HOURS:

CHANGED	MAKE	TYPE
OIL <input type="checkbox"/>		
AIR FILTER <input type="checkbox"/>		
OIL FILTER <input type="checkbox"/>		
SEPARATOR <input type="checkbox"/>		

WERE THE FOLLOWING CHECKED: SCAVENGE TUBE

YES NO

MIN. PRESSURE

YES NO

PREVIOUS SERVICE DATE:

CLOCK HOURS:

CHANGED	MAKE	TYPE
OIL <input type="checkbox"/>		
AIR FILTER <input type="checkbox"/>		
OIL FILTER <input type="checkbox"/>		
SEPARATOR <input type="checkbox"/>		

WERE THE FOLLOWING CHECKED: SCAVENGE TUBE

YES NO

MIN. PRESSURE

YES NO

COMPLETED BY: _____

SIGNED _____

NB: FILTERS RETURNED AND AFTERWARDS NOT CREDIT TO THE CUSTOMER BELONG TO HIS PROPERTY; THUS, THEY CANNOT BE USED OR SCRAPPED WITHOUT HIS SPECIFIC WRITTEN AUTHORIZATION. THE CUSTOMER CAN REQUIRE HIS RESTITUTION WITHIN 30 DAYS FROM THE DATE OF OUR COMMUNICATION REGARDING OUR ANALYSIS. IN DEFAULT OF CUSTOMER'S COMMUNICATION WITHIN THIS TERM IT WILL BE OUR FACULTY TO PROCEED WITH THE SCRAPPING OR THE RECONDITIONING OF THE FILTER ACCORDING TO ITS CONDITIONS.