

SERVICE REQUEST FORM

To schedule your Service Request, please fill out this form and email to service@800pwrsv.com

Serial No: _____	Date: <input style="width: 100%;" type="text"/>
Building Name _____	Phone: _____
Address _____	Email: _____
City _____ State _____ Zip Code _____	Contact Person: _____

A. Audible/Visual Symptoms:			
1. Pops/Popping/Crackling? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Clicks/Chattering/Humming? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Buzzing/White-Noise? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Burnt parts or components? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Exterior damage to the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Burnt or burning smell? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Is the environment temperature of the unit, maintained/controlled?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>if "No", what is the unit room temperature? minimum/maximum: Min: _____ Max: _____</i>		
1. Is the Unit/System by-passed? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Was there a power outage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the load changed since Start-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many amps? _____ Date the load changed: _____</i>	4. Was there a generator test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is there an ATS (Automatic Transfer System) / Generator feeding this unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Is the ATS set up with a 20 milisecond transition time in both directions? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		

C. What was the last known date that the unit functioned?	Date: <input style="width: 100%;" type="text"/>
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D. Please attach photos of all available display screen shots (front panel of the unit).	
Screen shot photo attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe any additional details/conditions leading up to the issue, to help us recommission the unit back to service: <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	Please provide the description of the problems. <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>

Acknowledgement of Terms and Conditions

I certify that the symptoms and issues described in this Service Request are accurate and to the best of our knowledge and affirm that the unit has been operated as per the manufacturers specifications required by the manufacturers tech manual.

I understand that additional charges will be incurred if a return trip must be scheduled due to:

Lack of necessary access or the absence of site personnel required to complete effective repairs, failure to disclose equipment status/condition/damage in this Service Request, unauthorized work are alteration of the unit, load unavailability and any other mitigating factors that require additional parts or service that were not scheduled at this time.

Name (print): _____	Company: _____
Signature: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>

Office Use Only	Unit Ship Date: _____	Start up Date: _____
	Start up Tech: _____	Service Call Entries: _____
Notes:		