

DAMAGED SHIPMENT

Form FORMDAMAGE Rev. A

December 2018



CUSTOMER INFORMATION

Contact Name: _____ **Date:** _____
Company Name: _____ **Writer:** _____
Address: _____ **Rep:** _____
_____ **Territory:** _____

Phone: _____ **Fax:** _____
Mobile: _____

Shipment Date: _____ Tracking: _____
Received Clerk: _____ Received Date: _____
Reported to carrier when received: Yes No Carrier Name: _____
Describe packaging on arrival: _____

PRODUCT INFORMATION

Model Number: _____
Serial Number: _____

Electrical: 110VAC 208VAC 230VAC 480VAC
(Voltage/Phase/Hertz) 1 Phase 3 Phase 60 Hertz 50 Hertz _____

System Information: Temp: _____ F C
Pressure: _____ PSI Bar

DAMAGE REPORT

Describe the damage: _____

Photo's enclosed: Yes No

GTP USE ONLY

Determination/Evaluation: _____

Warranty: Yes No Partial
Officer: _____ Date: _____