

COMPLAINT REPORT

Mandatory data - Customer Information

Customer:

Contact Person:

Address:

E-mail:

Phone:

Mandatory data - Product information

Part No:

Customer's order No:

Product name:

Order acknowledgment:

Serial No:

Date of order:

Date of the first use:

Application including conditions:

Your storage condition:

Reason of claim:

Fill in the appropriate sections

pH Sensors

Buffer solution pH 4

Reading:

mV

Temperature:

°C

Buffer solution pH 7

Reading:

mV

Temperature:

°C

Another pH
value used:

Reading:

mV

Temperature:

°C

Measurement range in app. pH

to

pH

Temp. range:

°C to

°C

ORP Sensors

Redox buffer solution
used mV

Reading:

mV

Temperature:

°C

Measurement range in app. mV

to

mV

Temp. range:

°C to

°C

Conductivity Sensors			
Measurement unit: <input type="checkbox"/> mS/cm <input type="checkbox"/> µS/cm			
Used conductivity standard for calibration	Reading:	Temperature:	°C
Measurement range in app.:	to	Cell constant after calibration:	cm ⁻¹

DO Sensors			
Measurement unit: <input type="checkbox"/> %-vol <input type="checkbox"/> %-sat <input type="checkbox"/> ppm <input type="checkbox"/> ppb <input type="checkbox"/> mbar			
Reading current in Air:	nA	Process pressure:	mbar
Measurement range in app.:	to	nA	Temperature: °C

Decontamination information	
The returned goods were in contact with:	
Biohazardous substances:	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, which bio safety level? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Hazardous chemicals:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Radioactive chemicals:	<input type="checkbox"/> NO <input type="checkbox"/> YES

Decontamination declaration	
I herewith certify that the aforementioned goods are free of biohazardous substances, hazardous chemicals, radioactivity of other substances / gases dangerous for humans.	
Place:	Date:
Print name:	Signature:
Send the document: claims@chromservis.eu	