

Technical Services PER Form
Form # 01-3330-F002-02
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Effective Date: 6/27/08
Valid To: 6/27/10

Product Evaluation Report

REPORT INFORMATION				
Date of Initiation:	NIBCO Initiator:	Sales Associate:	Is Labor Claim Involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to Conduct Destructive Testing for Evaluation:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
CUSTOMER INFORMATION:		INSTALLER INFORMATION		
ACCOUNT NO:				
Name:		Name:		
Address:		Address:		
City:	State:	City:	State:	
Zip Code:	Country:	Zip Code:	Phone:	
Contact:		Contact:	Fax:	
Phone:		Job Site Name:		
Fax:		City, State, Zip Code:		
PRODUCT AND PROBLEM INFORMATION: (Use back of this for multi-product returns)				
Product Figure #:	Product Size:	Product Description:		
Quantity Defective:	Quantity Returned:	Install Date:	Failure Date:	
Problem Description:				
Service Conditions				
Normal Temp:	Max Temp:	Normal PSI:	Max PSI:	Installed Position: <input type="checkbox"/> Vertical <input type="checkbox"/> Inverted <input type="checkbox"/> Horizontal <input type="checkbox"/> Other
Media:	Hazardous Material: <input type="checkbox"/> Yes	Decontamination Complete: <input type="checkbox"/> Yes	MSDS Attached <input type="checkbox"/> Yes	
Operation Type: Not Applicable	Operation Frequency: Not Applicable	Subject to Freezing? <input type="checkbox"/>		



