



Job Ref No:
Date:
Service Tech:

Customer:

Address:

Zip Code:

City:

Country:

Type: Charger/PCB:

Serial No (Micropower's):

Part No (Micropower's):

Install/Delivery Date:

Description of fault (as reported by the customer):

On site investigation:

1. Is the charger correct for the battery? Yes/No	2. Has the charger been damaged? Yes/No
3. Has the charger been wet? Yes/No	4. Does the charger have correct power? Yes/No
5. Are the charger settings correct? Yes/No	6. Are charger correct installed according instructions Yes/No
7. Are there any error codes? Yes/No (Code?)	

a) Charger OK? Yes / No

b) Charger removed for forwarding to Service Centre? Yes / No

c) Replacement t charger issued?..... Yes / No

Type & s/n:_____

d) Battery checked and OK? Yes / No

e) Polarity correct? Yes / No

f) Have it been spikes, surges lightning, strikes etc ? .. Yes / No

g) Charger repaired/ problem solved at site?..... Yes / No

Others comments:

NOTE: Copies of this form must be forwarded with the product when sending to the Service Agent, and Micropower

Warranty: Approved/Denied Full warranty ☐ Pro Rata Warranty ☐ Replacement ☐ No warranty ☐
Comments:

QUALITY USE ONLY:

Comments: