

FAILURE REPORT (Please describe in detail the nature of the malfunction to assist us in performing failure analysis):

TURBO PUMPS and TURBOCONTROLLERS

CLAIMED DEFECT <input type="checkbox"/> Does not start <input type="checkbox"/> Noise <input type="checkbox"/> Does not spin freely <input type="checkbox"/> Vibrations <input type="checkbox"/> Does not reach full speed <input type="checkbox"/> Leak <input type="checkbox"/> Mechanical Contact <input type="checkbox"/> Overtemperature <input type="checkbox"/> Cooling defective <input type="checkbox"/> Clogging		POSITION <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Upside-down <input type="checkbox"/> Other:	PARAMETERS Power: Rotational Speed: Current: Inlet Pressure: Temp 1: Foreline Pressure: Temp 2: Purge flow:
Describe Failure :		OPERATION TIME:	
TURBOCONTROLLER ERROR MESSAGE:			

ION PUMPS/CONTROLLERS

<input type="checkbox"/> Bad feedthrough <input type="checkbox"/> Poor vacuum <input type="checkbox"/> Vacuum leak <input type="checkbox"/> High voltage problem <input type="checkbox"/> Error code on display <input type="checkbox"/> Other
Describe failure:
Customer application:

VALVES/COMPONENTS

<input type="checkbox"/> Main seal leak <input type="checkbox"/> Bellows leak <input type="checkbox"/> Solenoid failure <input type="checkbox"/> Damaged flange <input type="checkbox"/> Damaged sealing area <input type="checkbox"/> Other
Describe failure:
Customer application:

LEAK DETECTORS

<input type="checkbox"/> Cannot calibrate <input type="checkbox"/> No zero/high background <input type="checkbox"/> Vacuum system unstable <input type="checkbox"/> Cannot reach test mode <input type="checkbox"/> Failed to start <input type="checkbox"/> Other
Describe failure:
Customer application:

INSTRUMENTS

<input type="checkbox"/> Gauge tube not working <input type="checkbox"/> Display problem <input type="checkbox"/> Communication failure <input type="checkbox"/> Degas not working <input type="checkbox"/> Error code on display <input type="checkbox"/> Other
Describe failure:
Customer application:

ALL OTHER VARIAN PUMPS

<input type="checkbox"/> Pump doesn't start <input type="checkbox"/> Noisy pump (describe) <input type="checkbox"/> Doesn't reach vacuum <input type="checkbox"/> Overtemperature <input type="checkbox"/> Pump seized <input type="checkbox"/> Other
Describe failure:
Customer application:

DIFFUSION PUMPS

<input type="checkbox"/> Heater failure <input type="checkbox"/> Electrical problem <input type="checkbox"/> Doesn't reach vacuum <input type="checkbox"/> Cooling coil damage <input type="checkbox"/> Vacuum leak <input type="checkbox"/> Other
Describe failure:
Customer application:



Request for Return Health and Safety Certification



1. Return authorization numbers (RA#) **will not** be issued for any product until this Certificate is completed and returned to a Varian Customer Service Representative.
2. Pack goods appropriately and drain all oil from rotary vane and diffusion pumps (for exchanges please use the packing material from the replacement unit), making sure shipment documentation and package label clearly shows assigned Return Authorization Number (RA#). VVT cannot accept any return without such reference.
3. Return product(s) to the nearest location:

North and South America

Varian Vacuum Technologies
121 Hartwell Ave.
Lexington, MA 02421
Fax: (781) 860-9252

Europe and Middle East

Varian S.p.A.
Via F.lli Varian, 54
10040 Leini (TO) – ITALY
Fax: (39) 011 997 9350

Asia and ROW

Varian Vacuum Technologies
Local Office

For a complete list of phone/fax numbers see www.varianinc.com/vacuum

4. If a product is received at Varian in a contaminated condition, **the customer is held responsible** for all costs incurred to ensure the safe handling of the product, and **is liable** for any harm or injury to Varian employees occurring as a result of exposure to toxic or hazardous materials present in the product.

CUSTOMER INFORMATION

Company name:	
Contact person: Name:	Tel:
Fax:	E-mail:
Ship Method:	Shipping Collect #: P.O.#:.....
<i>Europe only:</i> VAT Reg. Number:	<i>USA only:</i> <input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
Customer Ship To:	Customer Bill To:
.....
.....

PRODUCT IDENTIFICATION

Product Description	Varian P/N	Varian S/N

TYPE OF RETURN (check appropriate box)

<input type="checkbox"/> Paid Exchange	<input type="checkbox"/> Paid Repair	<input type="checkbox"/> Warranty Exchange	<input type="checkbox"/> Warranty Repair	<input type="checkbox"/> Loaner Return
<input type="checkbox"/> Credit	<input type="checkbox"/> Shipping Error	<input type="checkbox"/> Evaluation Return	<input type="checkbox"/> Calibration	<input type="checkbox"/> Other

HEALTH and SAFETY CERTIFICATION

VARIAN VACUUM TECHNOLOGIES CANNOT ACCEPT ANY BIOLOGICAL HAZARDS, RADIOACTIVE MATERIAL, ORGANIC METALS, OR MERCURY AT ITS FACILITY. CHECK ONE OF THE FOLLOWING:

- I confirm that the above product(s) has (have) **NOT** pumped or been exposed to any toxic or dangerous materials in a quantity harmful for human contact.
- I declare that the above product(s) has (have) pumped or been exposed to the following toxic or dangerous materials in a quantity harmful for human contact (Must be filled in):

.....
Print Name: Signature: Date:/...../.....

PLEASE FILL IN THE FAILURE REPORT SECTION ON THE NEXT PAGE

Do not write below this line

Notification (RA)#: Customer ID#: Equipment #: