

## SERVICE REQUEST FORM

※Information in Bold box are need to be filled out

Company			
Address			
	Tel: _____	ext: _____	Fax: _____
Person in charge	Name _____	Dept. _____	
Submit quotation to	Name _____	Dept. _____	
Deliver to (after repair)	Company _____		
	Department _____		
	Person in charge _____		
	Address _____		
	Tel _____	ext: _____	Fax: _____
Replaced parts (Old parts)	<input type="checkbox"/> Send back with Robot <input type="checkbox"/> Disposal at JEL manufactory <span style="float: right;">※Please choose 1option.</span>		
Data in the controller (If the controller is returned to JEL for repair)	<input type="checkbox"/> Keep the current data <input type="checkbox"/> Clear data and return to the customer <span style="float: right;">※Please choose 1option.</span>		
	※Data in controller include compound command data, teaching data, and other data that were changed at the customer side.		
Robot using environment	<input type="checkbox"/> Gas・Chemical・Polution・Contamination enviroment Chemical/Contaminant name(                      ) CAS No.(                      ) <input type="checkbox"/> Toxic <input type="checkbox"/> Non toxic <input type="checkbox"/> Toxicity removed <input type="checkbox"/> Toxicity unremoved <input type="checkbox"/> Toxic, but handling instruction for toxicity had been reported to JEL <input type="checkbox"/> None of above ※If the robot has been using in a toxicity environment, make sure to inform us before returning it. ※Please notice that JEL might refuse maintenance/OH depending on the using toxic		

### Detailed information of Service

Serial No.	Robot Serial No.: _____ (Controller Serial No. : _____ )
Robot Model	Robot Model : _____ ※JEL serial No. is 6 or 8 digits number on the robot main body.
Distributor	<input type="checkbox"/> Directly from JEL <input type="checkbox"/> Trading Company (Name : _____ ) <input type="checkbox"/> System maker (Name : _____ )
Defect Description (Please write down in detail)	Defective part: <input type="checkbox"/> Arm axis 1 <input type="checkbox"/> Arm axis 2 <input type="checkbox"/> Rotation axis <input type="checkbox"/> Z axis <input type="checkbox"/> Other axis(                      ) Error code (JEL controller output) : (                      ) In case of vacuum robot, are there any <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of defect occurrence	YYYY / MM / DD
Frequency of problem	<input type="checkbox"/> Frequently <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly time(s)/hour    time(s)/day    time(s)/week    time(s)/month

Please note that this application is necessary for the initial diagnosis.  
 After the initial diagnosis, JEL will submit the quotation including parts fee, servicing fee, packing/shipping charge.

**JEL Corporation Quality Assurance Department**  
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