



Return of Product under Warranty Form

Plessey RMA No:(Note 1) _____

Date: _____

Customer Name: _____

Customer Reference No: _____

Plessey Product Name: _____

Lot Number: _____

Date Code: _____

Quantity of devices: _____

Product Application: _____

Customer Contact(s): _____ **e-mail:** _____

Customer Contact(s): _____ **e-mail:** _____

Customer Contact(s): _____ **e-mail:** _____

Description of Problem

Mark the items and remarks if necessary

| | | |
|-------------------------------------|-----------------------------|--------------------------|
| Where did the material fail? | Arrived damaged | <input type="checkbox"/> |
| | During assembly/test | <input type="checkbox"/> |
| | At your customer | <input type="checkbox"/> |
| | In the field | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |

If your customer returned the material, when did you receive returned part(s)?

Summary of Your Investigation / Analysis

(Include, if applicable, any test results or failure analysis results that would aid understanding the nature of the problem, including any application information and state of the device when it failed)

Any further information that would aid the investigation?
