

# FAILURE ANALYSIS REQUEST



Company Name		SalesComplaint No.
Address		Sales Office
		Originator
		Date
Contact and Ref.No		Fax No
Device	Qty to return	
Datecode	Lot No./ Serial No.	
Delivery Note	Inv No.	
Type of Complaint	Shortage [ ] Overship [ ] Delivery [ ] Wrong Type [ ]	Documentation [ ] Electrical [ ] Mechanical [ ] Other [ ]

**Point of failure**

Internal     
  Customer return     
  Other: \_\_\_\_\_

Sample size \_\_\_\_\_ No. of failures \_\_\_\_\_

**Stress conditions before failure**

Temperature \_\_\_\_\_ Other: \_\_\_\_\_

Humidity \_\_\_\_\_ Voltage(s) \_\_\_\_\_

The device failed at:  
  Incoming Inspection     
  In line testing     
  Field Failure  
 Qualification     
  Monitoring  
 Other (specify) \_\_\_\_\_

Application: \_\_\_\_\_

Time to failure: \_\_\_\_\_ Temperature at failure: \_\_\_\_\_

Where were the devices purchased? \_\_\_\_\_ When: \_\_\_\_\_

Other available data: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_