smar	**SRF–SERVICE REQUEST FORM**	**Proposal No.:**

Company:	Unit:	Receipt of Remittance:	Warranty
			Yes ( )
		Purchase Order:	No ( )

COMMERCIAL CONTACT	TECHNICAL CONTACT
Full name:	Full name:
Position:	Position:
Phone: Extension:	Phone: Extension:
Fax:	Fax:
Email:	Email:

EQUIPMENT DATA / TEMPERATURE SENSOR

Model:	Serial Number:	Sensor Type and Connection:
TT301 ( )		
TT302 ( )		
TT303 ( )		Measurement type:
TT400SIS ( )		( ) Double Sensor ( ) Average between Sensors
TT411 ( )		( ) Differential ( ) Backup ( ) Single
TT421 ( )		

INFORMATION AND DESCRIPTION OF THE FAILURE

Environment Temperature (ºC)		Work Temperature (ºC)		Calibration Range	
Min:	Max:	Min:	Max:	Min:	Max:
Operation Time:			Failure Data:		

IMPORTANT COMMENTS ABOUT EQUIPMENT APPLICATION AND PROCESS
(Please, inform more details about the application, installation, etc.).

FAILURE DESCRIPTION OR BAD OPERATION
(Please, describe the behavior of the fail, if it is repetitive, how it exactly happens, and so on.)

NOTES