



SRI US Office
 8534 N Canton Center Rd, Canton, MI. 48187
 Tel:+1 248-974-0597

RMA

RMA # _____

Return Materials Authorization/ verification form

Date _____

Part1 Customer informations

Contact	_____	Email	_____
Company	_____	Phone	_____
Address	_____		

Part 2 Reasons for maintenance/testing

- Calibration
- Paid maintenance
- Product failure during the warranty period
- Standard maintenance(no test report required)
- Analysis of the cause of the failure(test report required)
- Others

Detailed description:

Part3 Application environment

Application environment description

*Your equipment and our product installation situation, etc., if not filled in, it will affect the RMA processing speed.

Model	QTY	S/N (Serial Number)	PO#	Problem Description. (The time of occurrence, such as on arrival, during debugging, during operation, etc. Detailed descriptions of faults, including operating conditions such as power supply and load.)

Notes:

For all returned products that have been in contact with hazardous media (media other than inert gas) during use, the customer must perform 100% cleaning and make a written statement before returning the product

Such returned products must be properly packaged, well sealed, and clearly marked. For products that have been in contact with chemical or biochemical media, and the user has no corresponding instructions to prove that these cleaning, purification and laboratory analysis measures will not cause harm to the human body, we have the right to refuse to accept the return.

We also will not accept any return of materials that have been exposed to radioactivity or asbestos fiber materials. At the same time, since potential cross-contamination is prone to occur during the processing of semiconductor copper, we will not accept such returns, and users should make a prior declaration

Exposed to harmful substances Yes

List the biochemical substances that have been exposed: _____

The product has been cleaned Yes

The product has been sterilized Yes

What substance is used for cleaning ? Describe the sterillization process below

Part 4 Please ship the product back to below address:

Sunrise Instruments LLC
8534 N Canton Center Rd, Canton, MI. US. 48187

Part 5 The following parts are to be filled out by Sunrise Instruments

Receiving by _____ Receiving Date _____

RMA Result