

Electron Tube Service Report*

MUST be filled to obtain warranty !

RMA-Number*

(pls. obtain from your dealer)

Tube type* _____
Date received* _____
Date first in service* _____
Date of failure* _____

Serial number* _____
Date first tested* _____
Total hours in service* _____

Make and model of equipment in which tube was operated _____

Describe way in which tube failed (i.e. unstable, low output etc.) _____

Describe defective operation at time of failure _____

Was failure verified by a second test? _____

Operating Conditions (to be completed by engineer only)

Frequency or Channel	_____	Screen Current	_____
Plate Voltage	_____	Grid Bias Voltage	_____
Plate Current	_____	Grid Current	_____
Screen Voltage	_____	Filament Voltage	_____
Power Output	_____		
Water Flow	_____	Water Temp. at Outlet	_____
Air Flow	_____	Air Temp. at Outlet	_____

Was plate voltage on at time of failure? _____

Was equipment being adjusted at time of failure? _____

What was power level at time of failure? _____

What were symptoms of failure? _____

What happened at time of failure? _____

Describe attempts to restore normal operations _____

Customer Data*:	Supplier Data / Tube Dealer*
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Company Name:

Contact:

Street:

Zip / City:

Tel. / Fax:

E-mail:

Company Name:

Contact:

Street:

Zip / City:

Tel. / Fax:

E-mail:

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