

PHILIPS SELECON

NON CONFORMANCE REPORT FORM

This form must be completed and a copy returned with the goods (if Return Shipment is approved) TOGETHER with an official RMA Form as supplied by Philips Selecon Customer Service / Sales person.

DATE:

CUSTOMER NAME:

DEALER:

PHILIPS SELECON CONTACT:

PRODUCT:

SERIAL #:

RMA # (IF APPLICABLE):

INVOICE / PACKING SLIP #:

QUANTITY:

FAULT DESCRIPTION

OPERATING CONDITIONS

VENUE DESCRIPTION (theatre / art gallery / museum / conference facility / rental house / other):

LAMP TYPE (wattage / voltage):

CONTROLLED BY (switched / dimmed / mains power / generator):

HOW MANY HOURS:

RIGGING POSITION (spot bar / FOH bridge / ladders / fixed to building / track / ceiling mounted):

FOCUS:

PHOTOS:

PHILIPS
Selecon