








COMPANY DATA	
Company:	Please return your equipment to: NIVELCO Process Control Co. H-1043 Budapest, Dugonics u. 11. HUNGARY
Address /Ref. no.:	FAX No.: +36 1 889 0200 Phone: +36 1 889 0100
Contact person: Tel:	Date:
Email:	

EQUIPMENT DATA, CONDITIONS OF APPLICATION/MALFUNCTION

Type of device: Serial number:	
<p>EQUIPMENT HISTORY</p> <input type="checkbox"/> the equipment is functional <input type="checkbox"/> it arrived visibly damaged <input type="checkbox"/> did not work when first put into operation <input type="checkbox"/> broke down during installation <input type="checkbox"/> worked for/since:.....(period/time) <input type="checkbox"/> has been repaired before at NIVELCO	<p>TANK/SILO/CHANNEL/PIPELINE DATA</p> height: diameter: Ø..... Measuring range min.: max.: <input type="checkbox"/> open tank/silo <input type="checkbox"/> closed tank/silo <input type="checkbox"/> open channel <input type="checkbox"/> pipeline <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> outdoors roofed <input type="checkbox"/> underground <input type="checkbox"/> metal <input type="checkbox"/> plastic <input type="checkbox"/> concrete
<p>FAILURE OBSERVATION</p> <input type="checkbox"/> incorrect function obtained during bench test <input type="checkbox"/> incorrect function obtained at the application	<p>PROCESS CONDITIONS</p> pressure: temperature:..... <input type="checkbox"/> fixtures <input type="checkbox"/> agitator/stirrer <input type="checkbox"/> dust <input type="checkbox"/> vapour/fume <input type="checkbox"/> light foam:mm <input type="checkbox"/> heavy foam:mm <input type="checkbox"/> moderate waves <input type="checkbox"/> strong waves
<p>FILLING PROCESS</p> <input type="checkbox"/> gravity <input type="checkbox"/> pneumatic <input type="checkbox"/> above the top <input type="checkbox"/> from the side	

REASON OF RETURN, OBSERVATIONS / DESCRIPTION OF FAULT / MALFUNCTION:

DECLARATION OF DECONTAMINATION

	Denomination							
		Corrosive	Flammable materials	Irritant Harmful	Toxic	Biological hazard	Other *	Harmless
Process medium:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning material:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please specify the type of the risk!.....

DECLARATION: I hereby declare that the returned equipment has been adequately cleaned and disinfected. It is free from any residues of harmful substances.

Name, dept: Signature: