CUSTOMER COMPLAINT FORM

A. CONTACTS

A.1 EKOM CUSTOMER

Contact's Name:

Phone:

e-mail:

Company name:

Company address:

A.2 END USER

Contact's Name:

Phone:

e-mail:

Company name:

Company address:

A.3 SERVICE CONTACT

Contact's Name:

Phone:

e-mail:

Company name:

Company address:

B.1 DEVICE AND WORKING AREA

B.1 DEVICE

Product name:

Serial number:

Installation date:

Last service:

Hour counter reading (if not installed, estimation of total working hours): hours

Total air consumption: l/min @bar

Connected device(s):

B.2 AMBIENT CONDITIONS

Temperature: °C min °C max

Relative humidity: % max

EKOM spol. s r.o.
Priemyselná 5031/18
Piešťany 921 01
SLOVAK REPUBLIC

tel.: + 421 33 7967 205
fax: + 421 33 7967 223
e-mail: sales@ekom.sk
www.ekom.sk

Číslo tlačiva: TQ_P3CCF

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B.3 WORKING AREA

Room ventilation	Dustiness	Built-in installation (not EKOM cabinet)
☐ Air conditioned	☐ Low (daily cleaning)	☐ Yes
☐ Natural ventilation	☐ Medium (weekly cleaning)	☐ No
☐ Not ventilated	☐ High (e.g., cellar)	

C. COMPLAINT/EVENT DESCRIPTION

Date of occurrence:

Failure occurred during ☐ Delivery (copy of CMR with recorded damage required)

☐ Installation ☐ Servicing/testing ☐ Use

Failure description:

Faulty part(s) name(s) / article number(s):

D. SAFETY INFORMATION

Has the event resulted, or could have resulted in an injury to a person? ☐ No ☐ Yes

Injured /potentially injured person is ☐ Patient ☐ User/ healthcare professional ☐ Technician ☐ Other (Please describe...)

Has the event resulted in a damage to property (excluding compressor)? ☐ No ☐ Yes

Please describe:

When the event resulted in an injury to a person or damage to property, you are obliged to provide additional information by submitting "INCIDENT REPORT FORM" (TQ_IRF Form) to EKOM.

E. FORM COMPLETED BY

Name: **Company:** **Date:**

Please send the completed form to: claims@ekom.sk

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