



Arrival date to PPM

YOUR INVOICE ADDRESS:

ORDER FORM - Service & Calibration

Please complete and submit this order form when sending instruments to us for service & calibration

By filling in this form, you hereby accept ppm Industrial AB (internal use only) to register and store this contact information in order to pro-actively contact you with service notifications and marketing updates, according to GDPR.

DELIVERY ADDRESS FOR RETURN:

TOOK INVOICE ADDITESS.			DEEN ENTRED NEOD FOR	
Company name:			Same as invoice address	
			Collect (Importgatan 7, Gothenburg)
VAT registration number:			Company name:	
Address:			Address:	
OTHER INFORMATION:				
OTHER INFORMATION.				
Requested delivery date:				
D	I Eill in DO	number/markin	ng Not necessary in order to invoice	correctly
Purchase order/invoice ref.	111111111111111111111111111111111111111	mumber/markin	not necessary in order to invoice	correctly
Ship/Vessel:				
Contact person or user of the				
instrument:				
e-mail address:				
Phone number:				

Action level 1: Functions control

Calibrating with related gases Register in IIC-Individual Instrument Control® Check* of; filters Certificate

* Replace when needed at cost

Action level 2: Service

Calibrating with related gases Register in IIC-Individual Instrument Control® Certificate Updating settings

Update of alarm levels

Check* of; filters, sensors, battery, pump, circuit board, O-rings, display, connections, sound, light, vibration, outer & inner control

and cleaning.
* Replace when needed at cost

PLEASE SEND OR LEAVE THE INSTRUMENTS TO:

ppm Industrial AB Importgatan 7 SE-422 46 Hisings Backa SWEDEN





INSTRUMENT 1:		
Manufacturer:	Model:	Serial number:
Desired action / Error description:		Filled in by service technician:
Level 1 Level 2 Comments:		
INSTRUMENT 2:		
Manufacturer:	Model:	Serial number:
Desired action / Error description:		Filled in by service technician:
Level 1 Level 2		
Comments.		
INSTRUMENT 3:		
Manufacturer:	Model:	Serial number:
Desired action / Error description:		Filled in by service technician:
Level 1 Level 2		
Comments:		
INSTRUMENT 4:		
Manufacturer:	Model:	Serial number:
Desired action / Error description:		Filled in by service technician:
Level 1 Level 2		
Comments:		
INSTRUMENT 6:		
Manufacturer:	Model:	Serial number:
	model.	Conditional Condition
Desired action / Error description: Level 1 Level 2		Filled in by service technician:
Comments:		