Arrival date to PPM

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.

YOUR INVOICE ADDRESS:

Company name:

VAT registration number:

Address:

DELIVERY ADDRESS FOR RETURN:

☐ Same as invoice address

☐ Collect (Importgatan 7, Gothenburg)

Company name:

Address:

OTHER INFORMATION:

Requested delivery date:

Purchase order/invoice ref. ☑ I Fill in PO-number/marking ☐ 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:

☐ Level 1 ☐ Level 2

Comments:

Filled in by service technician:

INSTRUMENT 2:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

☐ Level 1 ☐ Level 2

Comments:

Filled in by service technician:

INSTRUMENT 3:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

☐ Level 1 ☐ Level 2

Comments:

Filled in by service technician:

INSTRUMENT 4:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

☐ Level 1 ☐ Level 2

Comments:

Filled in by service technician:

INSTRUMENT 6:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

☐ Level 1 ☐ Level 2

Comments:

Filled in by service technician: