



RMA Procedure Process and Conditions

To process the return delivery of a device, we have systematised the processing of RMA Procedures. Please send us in advance your written request about a RMA number by email to service@vogel-giessen.de or call us under +49 641 932310. This RMA number should be stipulated on the form which accompanies the device. Each device should contain its own RMA form !

As part of our quality management system, it is very necessary to fill in the RMA form as completely as possible to offer a quick and efficient support. Please describe in detail the failure.

We ask you to observe the following process carefully :

1. Please enclose the completed and signed Service-Certificate with every visible return on top of the unit.
2. Please note that processing cannot take place without a service note.
3. Pack the device in a plastic bag to protect it from soiling.
4. Please use, if possible, the original packaging or a suitable packaging having a minimum distance of 150mm between the device and outer packaging. Please fill gap with suitable filling material. VOGEL will not be liable for damages in transit caused by poor quality packaging.
5. Remove attachments and accessories such as cables or capillaries that are not part of the device and are not required for repair.
6. RMA number should be clearly legible on the package.
7. Package free at "VOGEL GmbH & Co.KG, Service, Gottlieb-Daimler-Str. 2, 35463 Fernwald, Germany".
8. Upon receipt of the defective device at VOGEL, a cost estimate for the repair will be prepared. We charge one working hour per cost estimate, which will be charged if you commission us with the repair. Please let us know within **6 weeks** after receipt of the estimate whether we should carry out the repair. The return of the device is always at the expense of the customer. The defective parts are properly disposed. If requested, we can send you back the defective parts for your own investigations. To do this, we need a remark in your repair order.

- If necessary, the devices are reset to factory settings.
- We offer a 30-day warranty on services rendered (from shipment of the product)
- Please check thoroughly whether there is actually a defect. Unqualified complaints are generally calculated with a processing fee

RMA-Number (assigned by VOGEL) _____

	Delivery address	Different billing address
Customer number		
Company		
Street, Number		
Post code, City		
Country		
	Contact Person	
Name / Phone		
Fax / E-Mail		

Device Information*

Item number and Serial number	Device description	Detailed fault description ("Defective" is no fault description!) If needed, please use an extra sheet	Invoice number of our Company VOGEL





Comments: _____

Reason for return*: _____

<input type="checkbox"/> Repair	<input type="checkbox"/> Wrong delivery
<input type="checkbox"/> Demo position	<input type="checkbox"/> Claim
<input type="checkbox"/> DoA (Defect on arrival)	<input type="checkbox"/> Goods incomplete
Repeated repair Please specify old repair invoice number:	Other, please specify:

Device status:

With which materials was the device in contact (including hazardous substances)? *

Was the device in contact with hazardous substances? Yes No

If **yes**, do the substances with which the device was in contact have any of the following hazard characteristics?

	YES	NO		YES	NO
explosion hazard			toxic		
radioactive			corrosive		
carcinogenic			flammable		
dangerous for the environment					

Was the device cleaned while removing the dangerous substances? Yes No

If **yes**, please describe briefly how the cleaning was carried out: _____

Are further protective measures (with regard to repair, maintenance, test runs or preparation of the device) necessary?

- No, no further protective measures are necessary.
- Yes, further protective measures are necessary (please describe briefly):

I hereby declare that the information given above is correct and true. Furthermore, I declare that the device is free of dangerous substances after the best knowledge and conscience.

Name:		Surname:	
Position:			
Date:		Signature:	

* Required field

