

Service Claim Report

Ref. No:

Date of Service:

Base Carrier	Maker:	Model:
	Operating Hours:	Remark
Attachment	Model:	Serial No.:
	Gas Pressure:	Bracket Type:
	Operating Hours	Delivered Date:
Condition of Attachment	Oil Flow:	GPM LPM
	Relief Set Pressure:	psi
	Operating Oil Flow:	psi
	Blow per Minute	BPM

No.: Part No.:	-Attach Evidence Detail Report and Photos -Parts Returned: -Treatment Replace Parts:
Inspector's Comment	Customer's Comment
Customer Name:	Distributor Name:
<i>Customer's Signature</i> _____	<i>Inspector Signature</i> _____