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| **BAX SAV N°** | This document must be filled by BAX representative or by the customer and enclosed with the shipment of the defective part. |
| **Customer** **:**             | **Location**:      | **Date:**  17.01.2020 |
| **Representative:**        | **Phone number:**       | **Customer number.**:       |
| **Distributor:**        | **Project number:**       |
| **Machine type :**         | **Reference:**        |
| **Serial number:**        |
| **Defective part :**        | **Part number:**        |
| **Defect description :**             |
| **Use description** |  |  |
| Sheets thickness (punch side first) | **mm** | sheet 1:       sheet 2:       sheet 3:        |
| Sheets material (type, DIN number, and hardness if possible) |  | sheet 1:       sheet 2:       sheet 3:        |
| Number of cycles executed with the defective part |  |        |
| air pressure (at the entrance of the booster) | **bar** |        |
| Effective St value | **mm** |        |
| **Other information, comment :**       |
| **Enclosures:**        **Photo(s)** [ ]   **Video(s)** [ ]   | **Sent samples** [ ]   |
| Gray fields are not necessary if it is only tools |