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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 | | | |