

TPU Failure Report Form.
Please, fill in one form per Unit.

Date: ____/____/____/

TPU Serial Number:

Unit Details:

Unit Type / TP: ____ PLE: ____ KW: ____ Truck Unit: ____ Model: _____ Refrigerant: R _____ / Electrical: _____ Volts / _____ Phase(s) / _____
Date Purchased: ____/____/____/ Date Installed: ____/____/____/ Date Started: ____/____/____/

Unit(s) Owner:

Company: _____ Full Name: _____
Address: _____ City: _____ Zip Code: _____
Tel: _____ Ext: _____ Fax: _____ Cell: _____
Website: _____ Email: _____

Unit Location:

Address: _____ City: _____ Zip Code: _____
Province: _____ Country: _____ Unit Operating Room Temperature: _____ °F Or °C.

Unit Start-Up Technician:

Company: _____ Full Name: _____
Address: _____ City: _____
Tel: _____ Ext: _____ Fax: _____ Cell: _____
Website: _____ Email: _____

Please Locate Failure:

<u>Condenser Side:</u> ____/____/	<u>Evaporator Side:</u> ____/
<u>Compressor(s) Side:</u> ____/	<u>Electrical Control Box:</u> ____/
<u>Electrical Contactor Box:</u> ____/	<u>Crating & Packaging Conditions:</u> ____/
<u>Liquid Line:</u> ____/ <u>Suction Line:</u> ____/ <u>Discharge Line:</u> ____/ <u>Hot Gas Line:</u> ____/	

Please Describe Failure:

Date Unit Manufactured: ____/____/____/

Date Unit Shipped: ____/____/____/

Date Unit First Started: ____/____/____/

Date Unit Underwent Oil Replacement: ____/____/____/

.....

.....

.....

.....

.....

Very Important:

*This Form when filled and faxed to 450 264 3225 is Your TPU Warranty Validation.
Failure to inform The Manufacturer of any failure or breakdown during warranty period will make of your Unit Warranty Null & Void; Furthermore, any repair must get the written consent of Canada Refrigeration Systems Inc.*

Thank You for Your Cooperation & let us know how we can assist you!

Please Fax This Report to:
Fax: 450 264 3225 / Tel: 1 866 359 0204
Attn.: M. Karim Aichouche,
Director Sales, Marketing & Customer Service.
info@crsinc2010.ca
Cell : 514 214 0763