Please return this questionnaire filled in along with the defective sensor for effective and quick processing of your inquiry.

Your contact information

Company		Contact person	
Address		E-Mail address	
Zip Code, Town		Phone	
Your Ref. No.		Date	
Order No.			

Product information

1. Your article no.	
2. Article no. BROSA	
3. Serial number	
4. Field of application	
5. How long has the sensor been in operation?	

Failure information

6. Which kind of failure has occurred?	
7. At which time did the failure occur?	
8. Which additional functional tests have been carried out separately from the application (if applicable)? (e. g. goods receiving or after replacement)	
9. Which difficulties occurred during the mounting of the sensor (if applicable)? (Please provide pictures, if available.)	
10. Your description of the failure (optional)	