



J-GUN REPAIR FORM

Repair Tracking Data:

Return Authorization #:	Return Date:	Hytorc/JETYD Sales Rep. Name:
-------------------------	--------------	-------------------------------

Customer Data:

Company Name:	Contact Name:
Company Address:	Return Shipping Address:
Phone # ()	Phone # ()

Product Data:

Serial #:	Tool Size: <input type="checkbox"/> J.5 (~500 ft-lbs) <input type="checkbox"/> J1 (~1000 ft-lbs) <input type="checkbox"/> J3 (~3000 ft-lbs) <input type="checkbox"/> J5 (~5000 ft-lbs) <input type="checkbox"/> Other	Tool Style: <input type="checkbox"/> Single Speed <input type="checkbox"/> Dual Speed <input type="checkbox"/> Flip <input type="checkbox"/> Other
Tool Part or Model #:		
Purchase Order #:		
Purchase Date #:		

Application Information:

Description of Problem:			
Application Description / Type:	Bolt Size:	FRL Pressure Set @:	Process Type During Failure: <input type="checkbox"/> Tighten / Assembly <input type="checkbox"/> Loosen / Breakout <input type="checkbox"/> Run Down / Run Off
Filter Regulator Lube Manufacturer: <input type="checkbox"/> JETYD/Hytorc <input type="checkbox"/> Other	Lubricator Flow: Drip(s) per Minute	Plant Line Pressure: PSI / KPa	
Reaction Arm Style: <input type="checkbox"/> Standard Reaction Arm <input type="checkbox"/> Clamp / Disc <input type="checkbox"/> Flip Arm <input type="checkbox"/> Other _____	Duty Cycle: Approx. # of Hits/Day <input type="text"/> Approx. # of Hits/Week <input type="text"/> Approx. Age of Tool <input type="text"/> Approx. Total # of Hits <input type="text"/>		Mode of Operation During Failure: <input type="checkbox"/> Low Speed <input type="checkbox"/> High Speed