



Inspection, Repair and Test Report

Report Date:

RMA/RMI:

SO#:

CUSTOMER CONTACT INFORMATION

Name:	Address (Street):		
Company:	City:		
Phone Number:	State:	Zip:	
Email:	Country:		

Date received:

Technician:

Equipment used:

VALVE INFORMATION

Model #:

Serial #:

Description:

Drawing/Manual/Specification:

	As Received	Comments
Stroke travel:		
Bench range:		
Air to:		
Fail position:		
Seat leak rate:		
Failed visual examination:		

	As Shipped	Comments
Stroke travel:		
Bench range:		
Air to:		
Fail position:		
Seat leak rate:		
Failed visual examination:		

Repair order #:

Comments:

Certified by:	
Repair Technician:	Quality Assurance:
Signature:	Signature:
Date:	Date:



Control. Manage. Optimize.

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