

Heat Exchanger Return Material Authorization Sheet



7010 Lindsay drive, Mentor Ohio 44060,
 Phone: 440-974-1300 • Fax: 440-974-9561
 Email: returns@process-technology.com

FOR OFFICE USE ONLY	
Customer #:	RMA#:
Date:	Sales Person:

COMPANY/ CONTACT INFORMATION:			
Name		Title or Position	
Company		Unit or Division	
Address		City	State Zip Code
Phone	Extension	Fax	Email

PURCHASE INFORMATION:		
Purchased from:	Purchase Date:	Shop Order #:
Model #:	Serial#:	Invoice #:

INSTALLATION INFORMATION:			
Solution Being Heated:	Operating Temperature:	°F	Time in Service (mm/yy):
		°C	-
Steam Pressure:	PSI BAR	Water temperature:	°F
			°C
		Water pressure:	PSI BAR

EXCHANGER INFORMATION:		
Holes or splits in tubing (leaking)?	specify location:	specify size:
Discoloration on tubing?	specify location:	specify color:
Buildup on tubing?	specify location:	specify thickness: specify color:
Corrosion on tubing?	specify location:	
Swelling of fluoropolymer sheath?	specify location:	
Tubing flattened or distorted?		
Blisters or dimples on the surface of fluoropolymer tubing?		
Vacuum breaker installed on steam service?		
Photographs of exchanger available?		

COMMENTS/OBSERVATIONS: