



Warranty/Repair Questionnaire Model 200

Customer: <input style="width: 95%;" type="text"/>	Contact Name: <input style="width: 95%;" type="text"/>
Phone #: <input style="width: 95%;" type="text"/>	E-Mail or Fax #: <input style="width: 95%;" type="text"/>
Serial #: <input style="width: 95%;" type="text"/>	Software Ver.: <input style="width: 95%;" type="text"/>

Describe the failure symptoms.

List all warning messages.

Test Values

PARAMETER	OBSERVED VALUE	UNITS	NOMINAL RANGE
Time		HR:MN:SC	Actual Time
Range		PPB/PPM	
Sample Flow		CC/MIN	500 ± 50
Ozone Flow		CC/MIN	75 ± 15
PMT		mV	0 - 5000
HVPS		VDC	500 - 800
DCPS		mV	2500 ± 200
Rx Cell Temp		Deg. C	50 ± 2
Box Temp		Deg. C	Amb ± 5
PMT Temp		Deg. C	15 ± 2
IZS Temp		Deg. C	50 ± 2
Moly Temp		Deg. C	315 ± 10
Vacuum		In-Hg-A	4 - 10
NO Slope			7.5 ± 0.5
NO _x Slope			7.5 ± 0.5
NO Offset		mV	0 ± 50
NO _x Offset		mV	0 ± 50
Dwell			7
Sample			8
Filter			12
Electric Test			
PMT Volts		VDC	3000 ± 1000
NO Conc			
NO _x Conc			
Optic Test			
PMT Volts		VDC	2000 ± 1000
NO Conc			
NO _x Conc			

Is the time of day correct? Yes No

If no, what is the difference?

Is unit leak checked? Yes No

Can you fax a portion of the strip chart pertaining to the problem? Circle pertinent data.