

Warranty/Repair Questionnaire



MODEL 401

ORGANIZATION: _____

CONTACT: _____ PHONE: _____

ADDRESS: _____

MODEL 401 SERIAL NO.: _____

ARE THERE ANY FAILURE MESSAGES? YES NO

If **YES**, please list:

Parameter	Observed Value	Units	Normal Range
TIME		HH:MM:SS:	
DCPS		MV	2500 ±200
BOX TEMP		DEG C	10-50°c
O ₃ OFFSET		PPB	0 ± 10
O ₃ SLOPE		-	1 ± .15
REG PRESSURE		IN-HG-A	20 ± 2
O ₃ GEN TMP		DEG C	48 ± 3
O ₃ GEN FLOW		L/MIN	1-5LPM
ANA LAMP TMP		DEG C	52 ± 3
SAMPLE TEMP		DEG C	10 -50
SAMPLE FLOW		SCC/MIN	800 ±10%
SAMPLE PRESS		IN-HG-A	-2" ambient absolute
O ₃ DRIVE		MV	0-5000
O ₃ GEN REF		MV	0-5000
O ₃ REF		MV	2500-4800
O ₃ MEAS		MV	2500-4800 mV
O ₃ SET		PPB/PPM	50ppb – 1000ppb

Has the unit been leak checked? YES NO

What are the failure symptoms? _____

If possible, please include a portion of a strip chart pertaining to the problem. Circle pertinent data.

Thank you for providing this information. Your assistance enables Teledyne API to respond faster to the problem that you are encountering.

TELEDYNE API CUSTOMER SERVICE
EMAIL: api-customerservice@teledyne.com
Phone: (858) 657-9800 Toll Free: (800) 324-5190 FAX: (858) 657-9816