

<b>Returned goods processing</b>  <b>KraussMaffei Technologies GmbH</b> <b>Rückwarenabteilung Halle B110</b> <b>Am Gewerbepark 2</b> <b>85599 Parsdorf-Vaterstetten</b>	<b>Contact persons:</b> <b>repair@kraussmaffei.com</b> <input type="checkbox"/> <b>Injection Molding:</b> Returned goods IMM <input type="checkbox"/> <b>Reaction Process:</b> Jörg Röhr	<b>Transaction key:</b>
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Goods received Date:	Goods Package:	Goods Database:	Delivery point:	Stock ground:
<b>Customers name/no.:</b>				
<b>Contact person</b>	<b>Name:</b>			<b>VSC:</b>
<b>Customer:</b>	<b>E-Mail:</b>			
		<b>Phone-No.:</b>		
Comment:		DN-NR:	Equipment:	
Machine-No.:	Type of machine:		Order of machine:	
Order-No.:		Service notification:		Ticket-No.:

<b>Pos.: 1</b>		
Part-No.:	Designation:	Pieces:
Rebuild-No:		Supplier:
Serial-No.:	Type:	
Cause of failure:		Construction year:

Return option:	<input type="checkbox"/> Warranty-Request	<input type="checkbox"/> Diagnosis*	<input type="checkbox"/> Replacement	<input type="checkbox"/> Repair**
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\*) Upon return for diagnosis, ownership passes to KMT; the goods may be dismantled, disassembled or destroyed for diagnostic purposes.  
 \*\*) Should a repair prove uneconomical, KMT may scrap the goods or use them for other purposes  
☐ The transfer of ownership to KMT is rejected

<b>Report:</b>

No. of action:	Status:	In stock:	Shipment: free <input type="checkbox"/> not free <input type="checkbox"/>
Repair in stock <input type="checkbox"/>	Repair customer <input type="checkbox"/>	Scr Letter of credit <input type="checkbox"/>	New part <input type="checkbox"/> Production order <input type="checkbox"/> Quality notification <input type="checkbox"/>

Pos.: 2			
Part-No.:		Designation:	
Rebuild-No:		Supplier:	
Serial-No.:			
Cause of failure:			Construction year:
Return option: <input type="checkbox"/> Warranty-Request <input type="checkbox"/> Diagnosis* <input type="checkbox"/> Replacement <input type="checkbox"/> Repair**			
*) Upon return for diagnosis, ownership passes to KMT; the goods may be dismantled, disassembled or destroyed for diagnostic purposes. **) Should a repair prove uneconomical, KMT may scrap the goods or use them for other purposes <input type="checkbox"/> The transfer of ownership to KMT is rejected			
Report:			
No. of action:		Status:	
		In stock:	
		Shipment: free <input type="checkbox"/> not free <input type="checkbox"/>	
Repair in stock <input type="checkbox"/>		Repair customer <input type="checkbox"/>	
Scrap <input type="checkbox"/>		Letter of credit <input type="checkbox"/>	
New part <input type="checkbox"/>		Production order <input type="checkbox"/>	
		Quality notification <input type="checkbox"/>	

Pos.: 3			
Part-No.:		Designation:	
Rebuild-No:		Supplier:	
Serial-No.:			
Cause of failure:			Construction year:
Return option: <input type="checkbox"/> Warranty-Request <input type="checkbox"/> Diagnosis* <input type="checkbox"/> Replacement <input type="checkbox"/> Repair**			
*) Upon return for diagnosis, ownership passes to KMT; the goods may be dismantled, disassembled or destroyed for diagnostic purposes. **) Should a repair prove uneconomical, KMT may scrap the goods or use them for other purposes <input type="checkbox"/> The transfer of ownership to KMT is rejected			
Report:			
No. of action:		Status:	
		In stock:	
		Shipment: free <input type="checkbox"/> not free <input type="checkbox"/>	
Repair in stock <input type="checkbox"/>		Repair customer <input type="checkbox"/>	
Scrap <input type="checkbox"/>		Letter of credit <input type="checkbox"/>	
New part <input type="checkbox"/>		Production order <input type="checkbox"/>	
		Quality notification <input type="checkbox"/>	

Pos.: 4			
Part-No.:		Designation:	
Rebuild-No:		Supplier:	
Serial-No.:			
Cause of failure:			Construction year:
Return option: <input type="checkbox"/> Warranty-Request <input type="checkbox"/> Diagnosis* <input type="checkbox"/> Replacement <input type="checkbox"/> Repair**			
*) Upon return for diagnosis, ownership passes to KMT; the goods may be dismantled, disassembled or destroyed for diagnostic purposes. **) Should a repair prove uneconomical, KMT may scrap the goods or use them for other purposes <input type="checkbox"/> The transfer of ownership to KMT is rejected			
Report:			
No. of action:		Status:	
		In stock:	
		Shipment: free <input type="checkbox"/> not free <input type="checkbox"/>	
Repair in stock <input type="checkbox"/> Repair customer <input type="checkbox"/> Scrap <input type="checkbox"/> Letter of credit <input type="checkbox"/> New part <input type="checkbox"/> Production order <input type="checkbox"/> Quality notification <input type="checkbox"/>			







Pos.: 5			
Part-No.:		Designation:	
Rebuild-No:		Supplier:	
Serial-No.:			
Cause of failure:			Construction year:
Return option: <input type="checkbox"/> Warranty-Request <input type="checkbox"/> Diagnosis* <input type="checkbox"/> Replacement <input type="checkbox"/> Repair**			
*) Upon return for diagnosis, ownership passes to KMT; the goods may be dismantled, disassembled or destroyed for diagnostic purposes. **) Should a repair prove uneconomical, KMT may scrap the goods or use them for other purposes <input type="checkbox"/> The transfer of ownership to KMT is rejected			
Report:			
No. of action:		Status:	
		In stock:	
		Shipment: free <input type="checkbox"/> not free <input type="checkbox"/>	
Repair in stock <input type="checkbox"/> Repair customer <input type="checkbox"/> Scrap <input type="checkbox"/> Letter of credit <input type="checkbox"/> New part <input type="checkbox"/> Production order <input type="checkbox"/> Quality notification <input type="checkbox"/>			

**REACTION PROCESS MACHINERY: The following document has to be filled out only by customers returning a part from a Reaction machine e.g. mixing head, pump, volumetric meter!**

## Security statement for used components

We require this security statement personally signed due to applicable regulatory requirements and safeguard the health of our staff and equipment before we process this order.  
Please ensure, that this signed document accompanies the part.

## **Information to containing fluids (as well Mesamol or other rinsing media) and possible safety information**

								
Medium	Name	CAS No. / Identification	flammable	toxic	corrosive	Irritant	Others	noncritical

Please enclose a copy of the safety data sheet and if necessary, inform us about special instructions for handling the chemicals mentioned in this security statement.

Please complete the following information about the component:

Reason for return: \_\_\_\_\_

Date last assembly: \_\_\_\_\_ Date last disassembly: \_\_\_\_\_

Please provide the quantity of shots in the case of **mixing heads**...:

at last assembly: \_\_\_\_\_ at last disassembly: \_\_\_\_\_

**The parts are cleaned and free from potentially hazardous components?**

Yes ☐

No ☐

Clicking yes, we declare herewith that the returned parts have been cleaned accurately to the best of our knowledge and are free from residues in hazardous concentrations.

Place, Date	Name, Department	Authorized signature
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