



CSR NUMBER

**CUSTOMER SERVICE
REQUEST**

CUSTOMER INFO	I. Customer	Customer Part Number	Tempest Part Number	Part Description
	Circle One TSN / TSO / TSR: UNK	Hours	Serial Number, if applicable:	Customer Rejection Document Number if provided..
	Customer's issues:			
	2 Work Requested by Customer: <input type="checkbox"/> Recertify <input type="checkbox"/> Repair <input type="checkbox"/> Overhaul Other: Previous issues regarding same unit(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If so, state give previous CRS number.</i>			
RECEIVING INSPECTION	3: Is the unit on an upgrade list? <input type="checkbox"/> YES <input type="checkbox"/> NO		Warranty consideration? : <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Parts Missing? List:			
	Security Wire Broken / Torque Seal NO <input type="checkbox"/> YES <input type="checkbox"/>		IC # as Received Current IC# Upgrade to Current IC# <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If unit has been returned previously, complete the following:			
	Review CSR history for this unit		Inspector	Date
	Disposition: <input type="checkbox"/> Repair <input type="checkbox"/> Return to Customer		If Beyond economical repair: Quality Mgr. Initials Date	
	Route to: <input type="checkbox"/> Flow Room <input type="checkbox"/> Production <input type="checkbox"/> Engineering <input type="checkbox"/> Product Support <input type="checkbox"/> Other _____			
	Repair and return? <input type="checkbox"/> YES <input type="checkbox"/> NO		Inspector:	Date:
Special Instructions		Initials:	Date:	
PRODUCTION	Manufactures Findings			
	(Person Testing or Repairing Unit)		Initials:	Date:
	Repair(s) Performed In Accordance with Volare' Carburetors Repair Station Manual?			
Person Testing or Repairing Unit:		Initials:	Date:	

If you have any questions, please contact the Product Support Department at www.volarecarbs.com



PRODUCTION INSPECTION	5: Findings / Cause:		Cause Code:	
			Insp. Initials:	Date:
	Future Analysis required? <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i>		Analysis Tracking #:	
	Additional Comments:			
Customer Discrepancy Verified: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <input type="checkbox"/> <i>N/A</i>		Insp. Initials:		Date:

PRODUCTION	<i>Quality Data Entry</i>	<i>Responsibility:</i>	<i>Warranty:</i>
	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>Customer</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>N/A</i>
	<i>Initials:</i> <i>Date:</i>	<input type="checkbox"/> <i>Manufactures Responsibility</i>	