

# Field Failure Report - Industrial Products

In order that all incoming goods to COMET are directed quickly and efficiently to the appropriate party, the information you give us below is of the greatest importance. Please complete this form and e-mail it to [service.xray.ch@comet.tech](mailto:service.xray.ch@comet.tech). BEFORE returning the goods. COMET will then issue a RMA-number to you by e-mailing you a service notification. Please include a copy of the service notification in the shipping documents and return the goods to:

**COMET AG**  
**Herrengasse 10**  
**CH-3175 Flamatt**  
**Switzerland**

- IMPORTANT!** → No return shipments are accepted without COMET service notification.
- Analysis: For an analysis with estimate an inspection fee applies
- HV-cables: Please complete additional form specific for HV-cables
- Transportation damage: If transport insurance has been covered by COMET, a report from the insurance broker, carrier or postal service has to be returned immediately.

<b>1. Customer Identification</b>	Company Name:		
Contact person:			Phone:
Customer Reference:			E-mail:

<b>2. Components to be returned</b>		Original delivery date:	Installation date:	Failure date:
Part-Designation:	Part No.:	Serial No.:	Failure description / Error message:	

<b>3. Operation conditions</b>		Remarks:		
Operating Voltage:	kV	Operating current:	mA	Operating time: h total
Ambient temperature:	°C	Duty cycle:	h / day	Application:

<b>4. Reason for return</b>	in-warranty claim		not for warranty claim	
Analysis & Estimate	Repair (no estimate requested)	Other		

<b>5. Detailed Failure Description</b>	

<b>6. Components: Returned unit was installed with ....</b>	COMET XRS Serial No.:				
Generator manufacturer:	COMET	Bosello	Gulmay	Spellmann	GE other:
Generator cathode, type:				Generator anode, type:	
Generator cathode s/n:				Generator anode, s/n:	
COMET HV-cable cathode, s/n:				COMET HV-cable anode, s/n:	
COMET controller, s/n:				Comet power supply, s/n:	
COMET cooler, s/n:				COMET tube, s/n:	

<b>7. Signatures</b>	Name (please print when filled out by hand):	Date:
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