

Incident Report Form

Submit the following completed form for all Danfoss Turbocor® compressor or component warranty claims and repair requests:

SUBMITTED BY:	
* Name:	* Date (mm/dd/yyyy):
* Company	* Customer Incident Report #:
* E-Mail Address:	Phone:
CHILLER CHARACTERISTICS:	
Number of Compressor(s) on Circuit:	Chiller Condenser type: O Air O Water O Evaporative
AFTERMARKET PROGRAM CHOICE:	
O Warranty Repair	O Fixed Price Repair (PO required)
O Exchange Compressor (PO required)	O Investigation Analysis Report (PO required)
O Credit (In-Warranty Part Failures and Compressor Line	O Information only
Failures only)	O Fixed Price Repair + IA Report (PO required)
COMPRESSOR INFORMATION: (FROM COMPRESSOR NAMI	EPLATE)
* Part Number:	* Compressors Serial Number:
INCIDENT DESCRIPTION:	
* Incident Date (mm/dd/yyyy):	* Commissioning Date (mm/dd/yyyy):
* Job Site Name:	* Where Incident Occurred: OLine OField OIn transit
* Each component to be returned: (Include Danfoss Turbocor®	part number and description)
* Fault Description:	
* Troubleshooting Procedure Used:	

* Indicates mandatory field

NOTE:

- All IRs must be submitted to turbocor.ps.na@danfoss.com.
- Compressor warranty returns WILL NOT be authorized without complete fault and event logs accompanying this report. Compressor recording file and calibration report requested if possible.
- · Handwritten submittals of this form will not be accepted.
- · Attach photos if physical damage is present.
- · Parts must be ordered as a separate transaction to turbocor.cs.na@danfoss.com.
- For any Fixed Price Repair Program and Exchange Program request, a PO must be sent with IR.