



Quality System Documentation

RETURNED PRODUCT FORM FOR COUPLED CAVITY TRAVELING WAVE TUBES

MK 4023-3004 ECO: MPP625925 Date: 10/22/24 Rev: B Page: 1 of 3

Proper Completion of This Form is Vitrally Important to the Prompt and Efficient Handling of Product Warranty Claims.

I. This claim form, properly completed, must accompany any returned Product and be received by Microwave Power Products, Inc. (MPP) prior to expiration of the adjustment period. Compliance with this requirement assures the user of the most prompt and thorough service possible. A Product returned within the adjustment period, but without the completed Returned Product Form, will be treated as out of warranty.

II. Complete the following information regarding the Product being returned:

A. Returned Material Authorization No.: (Call MPP Customer Service Department to obtain this number.)

B. Product Type: MPP Part No.: Serial No.: Customer Part No.:

C. Customer Purchase Order No.: Date of Purchase Order:

D. Control Specification No.: Dated: (Check one) Document of MPP Document of your company

E. Contract Warranty (either MPP Warranty Code or specification paragraph): Filament Hours: Warranty Adjustment Began: Adjustment Time: (months) Expires:

III. Claim is made against warranty based on the following:

A. Specifications(s) not met by the Product (list by specification and paragraph number):

Update company name and logo.

Verify revision before use.



Quality System Documentation

**RETURNED PRODUCT FORM FOR  
COUPLED CAVITY TRAVELING  
WAVE TUBES**

**MK 4023-3004  
ECO: MPP625925  
Date: 10/22/24  
Rev: B  
Page: 2 of 3**

**PLEASE FILL IN FOR FAILED PRODUCTS:**

(Place an "X" in the appropriate box to show what variance from normal was seen at the time of product failure.)																				
*Product S/N	Date Installed	Date Failed	Filament Hours	Radiate Hours	Filament Current		Beam Current		Body Current		High-Voltage Arcs		W/G Arcs		Coolant Flow		Mechanical Problems		Electro-Magnet Current	
					Lo	Hi	Lo	Hi	Nml	Hi	No	Yes	No	Yes	Nml	Lo	No	Yes	Nml	Lo

\*It is necessary to have the Product serial number rather than the system serial number.

B. Describe the circumstances and/or sequence of events under which the Product failed. Include remarks relating to installation problems, system anomalies, and so forth.

---



---



---



---

IV. System used in \_\_\_\_\_

Serial No.: \_\_\_\_\_

V. Purchaser's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

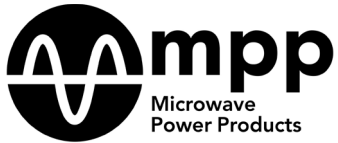
Claim made by: \_\_\_\_\_

Name of person to contact for additional information: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



Quality System Documentation

**RETURNED PRODUCT FORM FOR  
COUPLED CAVITY TRAVELING  
WAVE TUBES**

**MK 4023-3004  
ECO: MPP625925  
Date: 10/22/24  
Rev: B  
Page: 3 of 3**

***Return completed form with Product promptly to***

Microwave Power Products, Inc.

Building 2 Receiving

811 Hansen Way

Palo Alto, CA 94303-0750

Attention: Returned Products/RMA # \_\_\_\_\_

E-mail: [TWTCustomerService@mppinc.com](mailto:TWTCustomerService@mppinc.com)

**CAUTION**

**DAMAGE CAN OCCUR IF COOLANT IS NOT REMOVED BEFORE PRODUCT SHIPMENT.**