

Quality System Documentation

Proper Completion of This Form is Vitally 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):

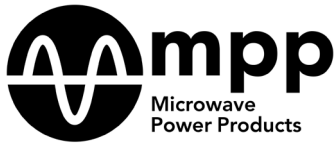
Filament Hours: _____ Warranty Adjustment Began: _____
Adjustment Time: _____ (months) Expires: _____

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.



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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)



MK4024-3004

ECO: MPP625925

Date: 10/22/24

Rev. B

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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: KlystronCustomerService@mppinc.com

CAUTION

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