

Returned Product Form for Helix Traveling-Wave Tubes (TWTs)

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. Control Specification

No.: _____

Revision: _____

Dated: _____

(Check one)

Document of MPP

Document of your company

D. Customer Purchase Order No.: _____

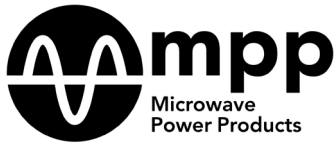
Date of Purchase Order: _____

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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Quality System Documentation

B. Product Information

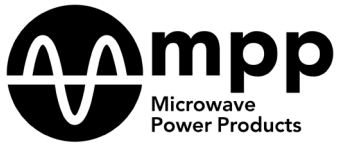
Product Type	*Product S/N	Date Installed	Date Failed	Filament Hours	Beam Hours

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

C. Failure Description — Check Appropriate Box(es)

- | | |
|--|--|
| <input type="checkbox"/> Helix current (Iw) runaway
- <input type="checkbox"/> DC <input type="checkbox"/> RF
<input type="checkbox"/> High helix current (Iw)
- <input type="checkbox"/> DC <input type="checkbox"/> RF
- Iw value _____
- Frequency(s) _____
<input type="checkbox"/> Low power
- Frequency(s) _____
<input type="checkbox"/> Oscillation
- <input type="checkbox"/> DC <input type="checkbox"/> RF
- Frequency _____
- Voltage _____ | <input type="checkbox"/> Over temperature/Temperature trip
<input type="checkbox"/> TWT will not turn on – surge current
<input type="checkbox"/> Gain out of specification
- Frequency _____
- Measured value _____
<input type="checkbox"/> High Voltage Arcing
- <input type="checkbox"/> Gun / <input type="checkbox"/> Collector / <input type="checkbox"/> W/G
<input type="checkbox"/> Down to air (DTA)
<input type="checkbox"/> Electrical issues not stated above
<input type="checkbox"/> Mechanical problem(s)
- _____
<p style="text-align: center;">Other</p> |
|--|--|

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



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IV. Purchaser's Name: _____

Address: _____

Telephone: _____

Claim made by: _____

Name of person to contact for additional
information: _____

Telephone: _____

(Signature)

(Date)

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

CAUTION

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