

FIELD FAILURE FORM

MPL CUSTOMER INFORMATIONS				Date:	
Company name :					
Company address:					
Contact person:		Phone:		E-mail:	
END CUSTOMER INFORMATIONS (If different than MPL Customer)					
Company name :					
Company address:					
Contact person:		Phone:		E-mail:	
Return address:					

Scope	Type of Evidences	Description / Remark
PRODUCT GENERAL INFORMATIONS		
1. Date of failure:		
2. Date of customer report:		
3. Part No.:		
4. Serial Number:		
5. Failure Symptom:	<input type="checkbox"/> <i>No Uout</i> <input type="checkbox"/> <i>Uout of Range (please describe)</i>	
6. DC LED signal status during fail:	<input type="checkbox"/> <i>LED doesn't turn on</i> <input type="checkbox"/> <i>LED blinks</i>	
7. Condition before fail:	<input type="checkbox"/> <i>First turn on then fail</i> <input type="checkbox"/> <i>Operating then fail</i> <input type="checkbox"/> <i>Other (please describe)</i>	
OPERATING CONDITIONS		
8. Type of Input Voltage:	<input type="checkbox"/> <i>1 Phase</i> <input type="checkbox"/> <i>2 Phase</i> <input type="checkbox"/> <i>3 Phase</i> <input type="checkbox"/> <i>DC</i>	
9. Operating Input Voltage:	<input type="checkbox"/> <i>100-120VAC</i> <input type="checkbox"/> <i>200-240VAC</i> <input type="checkbox"/> <i>400-500VAC</i> <input type="checkbox"/> <i>Other (please describe)</i>	
10. Operating Input Condition:	<input type="checkbox"/> <i>Continous Operating Voltage</i> <input type="checkbox"/> <i>ON/OFF cycling voltage</i> <input type="checkbox"/> <i>Other (please describe)</i>	
11. Operating Ambient Temperature:	<input type="checkbox"/> <i><25C</i> <input type="checkbox"/> <i><50C</i> <input type="checkbox"/> <i><75C</i> <input type="checkbox"/> <i>Other (please describe)</i>	
12. Installation location:	<input type="checkbox"/> <i>Cabinet</i> <input type="checkbox"/> <i>Stand Alone</i> <input type="checkbox"/> <i>Other (please describe)</i>	

OPERATING CONDITIONS

Scope	Type of Evidences	Description / Remark
13. Orientation location:	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other (please describe)	
14. Load type:	<input type="checkbox"/> Automation device (HMI, DO, DI, etc.) <input type="checkbox"/> Resistive (lamp, buzzer, alarm horn, etc.) <input type="checkbox"/> Inductive (motor, solinoid, relay, etc.) <input type="checkbox"/> Other (please describe)	
15. Load condition:	<input type="checkbox"/> Continous operating load <input type="checkbox"/> ON/OFF cycling load <input type="checkbox"/> Other (please describe)	
16. The weather during fail:	<input type="checkbox"/> Sunny Day <input type="checkbox"/> Rainy Day <input type="checkbox"/> Cloudy Day <input type="checkbox"/> Other (please describe)	
17. Any damage on case cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please describe)	
18. Any abnormal noise during operation before fail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please describe)	
19. Any abnormal smell of failure unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please describe)	
20. Any arcing mark ? (Do not open the case, please observe from outside)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please describe)	
21. Any burnt or swell mark on internal components ? (Do not open the case, please observe from outside)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please describe)	
22. Is circuit breaker trip before unit fail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please describe)	
23. Other special evidence. If any, please describe		