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Part Failure and Repair Questionnaire

Please fill out this form as completely as possible. Please include the completed form with the item or email it to Foss Industries, Inc.

General Information

Customer P/N:	Removed By:	Removal Date:
OEM:	Description:	OEM P/N:
RMA:	Serial Number:	
Tool Manufacturer / Number:	Process / Recipe Information:	
Known good unit installed and working:	Revision of known good unit:	
Failure Symptom:		

RF Generators / RF Match Networks

Forward Power:	Reflected Power:	RF On Time:
Time in use before failure:	Tuning Capacitors Positions:	
Specific tool error(s):		
Repeated failure at a particular step (please describe):		

Mechanical Items

Speed:	Torque:	Temperature Range:
O-ring / Seal type:	Pressure/Vacuum Range:	Communication/Control type: (RS232, DeviceNet, etc.)
Specific tool error(s):		

Mass Flows / Baratron

Installation attitude:	Gas type:
Flow:	O-ring / Seal type:

Contamination Information

Exposed to process chemicals:	Names of possible contaminants:
Cleaned before shipping:	Method of cleaning: