

Danfoss complaint protocol



* These fields must be filled. Without these data can not initiate a complaint.

Customer's claim number:

Date:

1. Direct customer of Danfoss

Company: *

Adresse: *

Responsible person: *

Phone n. or email: *

End user

Company:

Adresse:

Responsible person:

Phone n. or email:

2. Complained (returned) product

Type: *

Serial number: *

Date of commissioning: *

Date of failure: *

Danfoss invoice number: *

Pcs : *

3. Cause of complaint *

Description of the defect:

Only for compressors:

- Jammed
 - No power
 - Electrical failure
 - Noisy
 - Leakage of refrigerant
 - Still turn off
 - Other
- | | | |
|-------|---|--------------------------|
| NO | ▼ | Crankcase heater |
| 50 Hz | ▼ | Frequency of electricity |
| NO | ▼ | Frequency converter |

4. Operating conditions at fault time

Evaporating temperature: ▼ *

Condensing temperature: ▼ *

Temper. of the liquid in front of the exp. v.: ▼ *

Discharge temperature: ▼ *

Refrigerant: *

Volume of refrigerant: kg

Vapor temperature in compressor suction: ▼

Condenser ambient temperature: ▼

Temperature in the cooling area: ▼

Oil type:

Relative air humidity: LOW NORMAL HIGH

Ambient temperature: ▼

5. Used in application

- Cooling
- Air conditioning
- Heat pumps
- Industrial refrigeration
- Chiller

The product is installed in a refrigeration unit

- Condensing unit (one compressor)
- Combined compressor's unit (more compressors)
- Liquid
- Hot gas
- Suction

6. Please attach the photos of the defective product to this form in a letter or mail.

7. I agree with scrapping the claimed product after the tests have been performed. *

I request the return of the product after the claim. *

(Returning the reclaimed product back to the customer is a paid service - shipping will be invoiced to the customer)

Signature of authorized person