

# 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