SemiNet

RETURN MATERIAL AUTHORIZATION & CORRECTIVE ACTION REPORT

[This form is to be used in conjunction with RMA form for additional information as required.]

DATE FORWARDED				
FROM: VERBAL: WRITTEN:	RMA NUMBER	REF. JOB NUMBER	SCHEDULED RECEIVE DATE	REQUESTED RETURN DATE:
RETURN AUTHORIZED BY:		DATE:	RECEIVED BY:	DATE:
CUSTOMER: TELEPHONE NUMBER:			**AS RECEIVED CONDITION:**	
REFERENCE ORDER NO.:	RETURN ROUTING:			
PRODUCT DESCRIPTION:	REV.:		**DETAILED EVALUATION:**	
SERIAL NUMBER:	ORIGINAL SHIP DATE:			
REASON RETURNED:				
			PARTS TO BE REPLACED:	
CORRECTIVE ACTION REQUIRED:				
SPECIAL INSTRUCTIONS:			**REPAIR INSTRUCTIONS:**	
MANUFACTURING TO ADVISE CUSTOMER SERVICE WHEN RETURNS ARE RECEIVED			**RE-SHIP DATE:**	

Evaluated by: _____	*Approved by:* _____
Title: _____	*Title:* _____
Date: _____	*Date:* _____