



CLAIMS FORM

Customer: Date:

BPHE model: Serial number:.....

Delivery date: In operation from: until:

Application:

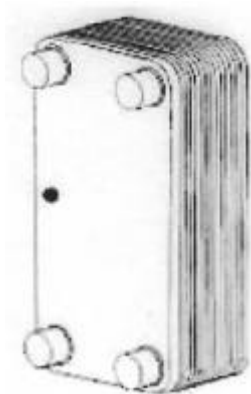
_____ (evaporator, sub-cooler, condenser, desuperheater, other)

Connections: _____

Side 1 Medium:..... Min temp:..... Max temp:.....

Side 2 Medium:..... Min temp:..... Max temp:.....

Indicate on the figure below, how the heat exchanger was installed and the position of the blue dot sticker. Indicate also the location for claimed leakage or damage.



Damages:	
Outer leakage	<input type="checkbox"/>
Inner leakage	<input type="checkbox"/>
Leakage at connections	<input type="checkbox"/>
Transport damage	<input type="checkbox"/>

Send the filled-in form to Kelpie AB (Fax No: +46 40 938115) and a copy together with the defective heat-exchanger to:

Kelpie AB, Hanögatan 5, S-211 24 Malmö, Sverige.

Above information sent by: _____