

| | |
|----------------------------|--|
| ORDER NUMBER NIMAK: | |
|----------------------------|--|

| General information customer |
|-------------------------------------|
|-------------------------------------|

| | |
|---------------------------|--|
| Name: | |
| Street | |
| Country, post code, city: | |
| Contact person: | |
| Phone: | |
| Mail: | |

| Service location (if different to above mentioned address) |
|---|
|---|

| | |
|---------------------------|--|
| Name: | |
| Street | |
| Country, post code, city: | |
| Contact person: | |
| Phone: | |
| Mail: | |

| Customer's handling request | YES | NO |
|-------------------------------|-----|----|
| Repair on site | | |
| Return for repair to NIMAK | | |
| Cost estimation required | | |
| Phone support | | |
| Desired delivery date: | | |

| General information / Customer's order / Cost authorization |
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All deliveries and services in accordance to the general terms and conditions – available for download here:

[NIMAK AGB](#)

Returns generally have to be sent in proper packing and free of charge (DDP, INCOTERMS 2020) to NIMAK..

This service order form has to be completed and attached to each return consignment.

Herewith we authorize company NIMAK GmbH, to accomplish the service at above mentioned place. We completely agree to the enclosed NIMAK service conditions and cost rates (as per September 2022)

Date

Signature

Company stamp

Checklist Dosing Systems

| | |
|--------------------------------|--|
| Project number / description: | |
| Order - Number: | |
| Product name: | |
| article number: | |
| Serial number: | |
| Software version HMI: | |
| Software version PCL: | |
| Single or double doser system: | |

General questions

| | Question | YES | NO | Comment/method/note NIMAK | Remark/ feedback customer |
|---|---------------------------------------|-----|----|---------------------------|---------------------------|
| 1 | Is an error message displayed? | | | If yes, which? | |
| 2 | Is compressed air available or open? | | | Check at the pump stand | |
| 3 | Is the compressed air tight? | | | Audible leak? | |
| 4 | Is the system or pump switched on? | | | | |
| 5 | Problems with bead monitoring system? | | | | |
| 6 | Error constantly? | | | | |
| 7 | Release from robot ok? | | | | |
| 8 | Remota access possible? | | | | |

Spezifische Fragen

| | | | | | |
|----|---------------------------------------|--|--|---|--|
| 1 | Are the requirements fulfilled? | | | Interface, safety, external releases | |
| 2 | Is the doser filled? | | | If not, please fill manually | |
| 3 | Can the doser be filled? | | | If not, please check pump and inlet | |
| 4 | Can the doser be moved manually? | | | If not, check inlet and outlet valve, remove nozzle if necessary | |
| 5 | Inlet and outlet valves controllable? | | | Open/close valves at the push of a button - cylinder stroke audible? Movement of the needle visible on the valve? | |
| 6 | Do valves really open? | | | Activate flushing (all valves open), glue comes steadily out of the outlet, optical movement | |
| 7 | Does the pump work? | | | Rises the pressure when the inlet valve opens, the pump pumps up when flushing (all valves open) | |
| 8 | Is the pressure sensor ok? | | | Meaningful value, does the value change? | |
| 9 | Any crashes? | | | | |
| 10 | Checked for leakages? | | | | |
| 11 | Exchange of components? | | | If yes, which ones and when? | |
| 12 | Prepressure ok? | | | | |
| 13 | Air in the system? | | | | |
| 14 | Heating zones switched on correctly? | | | | |
| 15 | Longer time switch off of the system? | | | | |
| 16 | Enough flushing? | | | | |

Detailed error description

Please send us screenshots of the error, statistics and status reports