 Innovative Controls Inc. Date: 6/2/2021

06502

RMA No.

|  |  |
| --- | --- |
| **REPORT REQUIRED BY** **CUSTOMER** | YES / NO **NO** |
| PERFORMED BY |  |
| **CORRECTIVE ACTION NEEDED** | YES / **NO YES** DATE: |
| PERFORMED BY |  |
| *(see page 2 for further details)* |  |
|  |  |

**Customer Return Materials Authorization**

Note: Innovative Controls will not be responsible for labor charges.

Please provide the following:

1. This completed R.M.A. form along with all returns that are under warranty.
2. The R.M.A number, when received, must be written and visible on the shipping carton.
3. Ship to: Innovative Controls 560 Braddock Ave. East Pittsburgh, PA 15112 Attn: Returns Department

**IMPORTANT NOTE ON ALL RETURNS!**

All items are carefully packaged before shipping. Any items returned to Innovative Controls as “un-used or defective out of the box” that have been scratched or damaged, WILL NOT be eligible for a warranty claim or credit.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Details** | | | | | | | |
| Company | HME Incorporated | Contact | GREG GEUKES | | | ID |  |
| Address | 1950 Byron Center Ave SW | Phone |  | Fax |  | | |
|  | Wyoming, Michigan 49519 | Email | ggeukes@hmetruck.com | | | | |
|  |  |  |  |  |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Product Details Note: list any additional items on page 2** | | | | | | |
| Item # | Part# | Unit Price | Qty | Reason for Return | Invoice # | Date |
| 3004243-01 | 56581-16 | 139.60 | 1 | unit would not go into pump, with no pump in gear or OK to pump light.  The customer had both power and ground to both air valves and with both airlines off VPS, air was coming out of the black line in front but in pump, no air coming from either line. |  | 6/2/21 |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Comments / Notes** | | | | | | |
| ***Needs to be evaluated by engineering when received.*** | | | | | | | |
|  | | | | | | | |
| ***For internal use only*** | | | | | | | |
| RMA # | 06502 | Restocking fee |  | Credit amount | | $139.60 | |
| Issued by | TME | Return rec’d on |  | Credit issued by | | - | |
| Issued on | 6/2/21 | Return rec’d by |  | Credit issued on | | - | |
| Good until |  |  |  | Replacement sent | | - | |
|  |  |  |  | |  |  | |

**Innovative Controls Inc. 560 Braddock Ave. East Pittsburgh, PA 15112 Phone: 412-824-2264 Fax: 412-824-7092**

 Innovative Controls Inc. Date: 2/18/21

**PRODUCT ANALYSIS REPORT**

|  |  |
| --- | --- |
| **REPORT REQUIRED BY CUSTOMER** | YES / NO: NO |
| PERFORMED BY |  |
| **CORRECTIVE ACTION NEEDED** | YES / NO  **YES** |
| PERFORMED BY |  |
|  |  |

**PART NUMBER:\_\_\_\_\_\_\_3004243-01\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_QTY REJECTED:\_\_\_\_\_1\_\_\_\_\_\_**

**PART DESCRIPTION: \_\_\_Solenoid Assembly**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE REJECTED:\_\_\_\_\_\_\_\_\_\_**

**DEFECT DESCRIPTION:**

**Root Cause: (Review the process date available. List possible cause(s) of problem.)**

**Corrective action taken to eliminate recurrence of discrepancy:**

**Change Implementation Schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVED BY**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Innovative Controls Inc. 560 Braddock Ave. East Pittsburgh, PA 15112 Phone: 412-824-2264 Fax: 412-824-7092*