

Date: _____



Cylinder type

Ctlg. nr.

Q.ty of returned
cylinders

CSX	<input type="checkbox"/>	TOP	<input type="checkbox"/>	_____	_____
SMLX	<input type="checkbox"/>	CISO	<input type="checkbox"/>		
C	<input type="checkbox"/>	_____	<input type="checkbox"/>		
CSM	<input type="checkbox"/>	_____	<input type="checkbox"/>		

NOTES CONCERNING CYLINDER OPERATING

Actual operating stroke in mm. _____ Cycles/min. _____ Operated cycles _____

Has the cylinder been lubricated? NO YES, every _____ cycles

Was the cylinder fixed onto the base by means of screws? NO YES

The cylinder was exposed with lubricants or pressing emulsions? NO YES

Has the cylinder been dismantled or tampered? NO YES

Notes: _____

Resaler's Signature _____

User's Signature _____

**YOU ARE KINDLY REQUESTED TO ENCLOSE COPY OF THIS FORM
 DULY SIGNED WITH EACH CLAIM.
 WE WILL OTHERWISE NOT BE IN A POSITION TO STUDY YOUR CLAIM AND LET YOU HAVE
 ANY KIND OF RESPONSE.**

Bordignon's notes _____ RNCP nr. _____
