

Date: _____



Nitrogen gas spring type

Ctlg. nr.

Q.ty of returned
nitrogen gas
springs

CSX	<input type="checkbox"/>	CSMX	<input type="checkbox"/>
SMLX	<input type="checkbox"/>	TOP	<input type="checkbox"/>
MSML	<input type="checkbox"/>		<input type="checkbox"/>
CX	<input type="checkbox"/>		<input type="checkbox"/>

NOTES CONCERNING NITROGEN GAS SPRING OPERATING

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

Has the nitrogen gas spring been lubricated? ☐ NO ☐ YES, every _____ cycles

Was the nitrogen gas spring fixed onto the base by means of screws? ☐ NO ☐ YES

The nitrogen gas spring was exposed with lubricants or pressing emulsions? ☐ NO ☐ YES

Has the nitrogen gas spring 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. _____