

Date: _____



Spring type

BS	<input type="checkbox"/>	BY	<input type="checkbox"/>
BG	<input type="checkbox"/>	BO	<input type="checkbox"/>
BA	<input type="checkbox"/>	_____	<input type="checkbox"/>
BR	<input type="checkbox"/>	_____	<input type="checkbox"/>

Ctlg. no. _____

No. of returned
springs _____

Lot no. _____

NOTES CONCERNING THE SPRING USE

Pre-load mm. _____ Actual operating working stroke mm. _____ Shots per minute (SPM) _____

No. of broken springs _____ No. of springs assembled on the same tool _____ Total no. of performed shots _____

Was the spring guided? NO YES, for how many mm.: _____

Was the spring modified before the assembling? NO SI, explain in the notes

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 no. _____
