


Date: _____

	Spring type				Ctlg. no.	No. of returned springs
	BS	<input type="checkbox"/>	BY	<input type="checkbox"/>	_____	_____
	BG	<input type="checkbox"/>	BO	<input type="checkbox"/>	Lot no.	
	BA	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	
	BR	<input type="checkbox"/>	_____	<input type="checkbox"/>		

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?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, for how many mm.: _____
Was the spring modified before the assembling?	<input type="checkbox"/> NO	<input type="checkbox"/> 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. _____