

(DO NOT USE FOR ROUTINE PARTS ORDERS - for parts email parts@buflovak.com)

Date _____ 200__

Company _____

Contact _____

Title _____

Address _____

City _____ St _____ Zip _____

Country _____

Phone _____

Fax _____

Email _____

EQUIPMENT TYPE

- Drum Dryer Drum Flaker Vacuum Rotary Dryer
- Pan Dryer Nutsche Filter/Dryer Shelf Dryer
- Heat Exchanger Evaporator Swept Film Evaporator
- Crystallizer Distillation Column Reactor Mixer
- Other _____

The following information can be located on the BTC Name Plate

Model Number _____

Shop Order (S.O.) No. _____

Year of Manufacture _____

Was this equipment originally purchased by your company?
 YES NO Original Delivery Date _____

Is this equipment presently being used for the same application for which it was designed? YES NO

PROCESS DESCRIPTION

Product Name or Composition _____

Product Characteristics, temperature, flowability, viscosity, bulk density and any other product characteristics that would help us better understand your process _____

Equipment Operation: Continuous or
 Intermittent: _____ hours ON, _____ hours OFF

What equipment precedes the **Buflovak** equipment? _____

What follows the **Buflovak** equipment? _____

PROBLEM DESCRIPTION

When did the problem first occur? Date _____

Problem can generally be categorized as:

- Excessive Wear Excess Noise/Vibration
- Cracked Welds Low Capacity
- Poor or Variable Product Quality
- Motors/Drives Controls/Instrumentation
- Electrical Other _____

Briefly Describe Problem _____

Is this problem Constant or Intermittent

If the problem is intermittent does it occur during or after any other changes (these might include problems that occur at start-up, after cleaning, changes in feed, temperature, humidity, etc.) _____

Has anyone attempted to correct or repair the problem?
 YES NO Describe _____

Can you send us supporting information in the form of maintenance reports, digital photos, drawings or invoices that support or clarify the problem? None

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Report copied to Inside Sales (name) _____

Report copied to local Sales Representative.

Rep Name/Agency _____

Job Files Located, S.O. No. _____

PRIMARY ACTION (check all that apply):

- Solve via Phone, Fax, Email.
- Send instructions, drawings, etc. to customer.
- Arrange lab/pilot testing.
- Have local rep meet with customer.
- Arrange visit by BTC personnel.
- Authorize customer to make repairs.
- Authorize third part to make repairs

Assigned Department:

- Sales Engineering Manufacturing
- QA Laboratory Parts Field Service

Assigned BTC Personnel: _____