

Bucher Automation AG
Thomas-Alva-Edison-Ring 10
71672 Marbach/Neckar
Germany

Phone +49 7141 2550 509
Email: return@bucherautomation.com

Sender details (company, street, postal code, city)

Contact person: _____

Phone: _____

Email: _____

Contact person at your customer (if known):

Return Delivery Form

Complete the return delivery form and ship it together with the return goods or email it to return@bucherautomation.com.

Keep a copy of this form in your records for future reference.

- Provide the serial number for each product being returned.
- Use the original packaging, if available.
- For PCBs, always use anti-static packaging material.

In case of damage in transit

- Report any damage in transit to us and the freight forwarder within 24 hours of receipt of goods.
- Leave the goods as received in the original packaging for inspection.
- Take photos.
- Use a separate return delivery form per damage pattern and provide the serial numbers of all products being returned.

Devices being returned

Item	Serial number	Delivery note number	Quantity

If several serial numbers show the same damage pattern, add the respective serial numbers on page 3 under "Additional information".

Reason for return delivery (check applicable)

Reason for return delivery	Description
<input type="checkbox"/> Incorrectly ordered	
<input type="checkbox"/> Incorrect delivery	
<input type="checkbox"/> Damage in transit	
<input type="checkbox"/> Retrofit/upgrade	
<input type="checkbox"/> Functional test	
<input type="checkbox"/> Device does not work, yet I could not identify the root cause	Reason:
<input type="checkbox"/> Repair at own cost	
<input type="checkbox"/> Repair under warranty	
<input type="checkbox"/> Waste equipment to be disposed of	

See next page

Description of defect

When does the error occur?

<input type="checkbox"/> Intermittently	Frequency:
<input type="checkbox"/> Permanently	Frequency:
<input type="checkbox"/> After a certain period	
<input type="checkbox"/> On power-up	
<input type="checkbox"/> When did the error first occur?	

Error details

1. Does the error occur at a certain temperature? If yes, which temperature?	<input type="checkbox"/> no <input type="checkbox"/> yes	
2. What does the display show? Include photo/video material.		
3. Is communication with the device possible?	<input type="checkbox"/> yes <input type="checkbox"/> no	
4. Location/conditions of use (country, shop floor, lab, machine before delivery to end customer [0 km], field) and environmental conditions?		
5. Place of installation in the machine and function of the device? E.g. line, section, axis/function		
6. What type of strain is the device exposed to? E.g. impact, temperature and humidity changes		
7. Have software updates or downgrades been made? When, which?	<input type="checkbox"/> yes <input type="checkbox"/> no	
8. Did the error occur following a software change?	<input type="checkbox"/> yes <input type="checkbox"/> no	
9. Applied operating voltage.		
10. Who exchanged the device? Service technician, customer		
11. Which LEDs are flashing? Which error codes are displayed? Include photo/video material.		
12. Did the line-side circuit-breaker trip?	<input type="checkbox"/> yes <input type="checkbox"/> no	
13. Did you save your program and your data registers?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Describe the error as detailed as possible:		

Date: _____

Signature (company stamp): _____

Additional information: