

Bucher Automation AG  
Graeterstrasse 2  
71642 Ludwigsburg  
Germany

Phone +49 (0)7141/2550-509 Email:  
[return@bucherautomation.com](mailto:return@bucherautomation.com)

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

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Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Contact person at your customer (if known):

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## Return Delivery Form

Complete the return delivery form and ship it together with the return goods or email it to  
[return@bucherautomation.com](mailto: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	
<input type="checkbox"/> Repair at own cost	
<input type="checkbox"/> Repair under warranty	Reason:
<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: