



Industrial Monitoring Systems Limited
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PCM Service/Repair Questionnaire

Please complete this form and email a copy to Lynne@ims.gb.com. The original form should be sent with the PCM.
 NB. Remember to return the PCM in the original packaging to avoid transit damage.

Company Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Contact: _____ **Email Address:** _____

PCM Serial Number: _____ **PCM Type:** _____

Please return all PCM accessories as these will be tested during the Annual Service.

Purchase Order Number: _____

Reason for Return: Delete as Appropriate
 YES/NO Annual Service & Testing
 YES/NO Repair and investigate faults.

Description of faults: _____

Please supply a Material Safety Data Sheet for the fluid(s) which have been in contact with the PCM.

Completed by (Print): _____

Completed By (Sign): _____

Date: _____