



Warranty/Repair Questionnaire Model 100

Customer: <input style="width: 95%;" type="text"/>	Contact Name: <input style="width: 95%;" type="text"/>
Phone #: <input style="width: 95%;" type="text"/>	E-Mail or Fax #: <input style="width: 95%;" type="text"/>
Serial #: <input style="width: 95%;" type="text"/>	Software Ver.: <input style="width: 95%;" type="text"/>

Describe the failure symptoms.

List all warning messages.

Test Values

PARAMETER	OBSERVED VALUE	UNITS	NOMINAL RANGE
Range			
Sample Flow		CC/MIN.	500 ± 50
PMT		mV	0 - 4500
UV Lamp		mV	3500 ± 100
Lamp Ratio			100% ± 5%
STR Light		PPB	<60
HVPS		VDC	500 - 700
DCPS		mV	2500 ± 200
Rx Cell Temp		Deg. C	50 ± 2
Box Temp		Deg. C	Amb ± 5
PMT Temp		Deg. C	10 ± 2
IZS Temp		Deg. C	50 ± 2
Filter		Sec	240
SO ₂ Slope			8.5 ± 0.5
SO ₂ Offset			<500
AUTO	ON		OFF
DYN	ON		OFF
IZS	ON		OFF
PMT Volts at Zero		mV	(Range 500) <500
PMT Volts at Span		mV	(Range 500)
Span input		PPB	
Electric Test			
a) PMT Volts		mV	3000 ± 1000
b) PPB			
Optic Test			
a) PMT Volts		mV	2000 ± 1000
b) PPB			

Is the time of day correct? Yes No
 If no, what is the difference?

Use flow meter to measure actual flows.

What is kicker bypass flow? (2 liters ± 300 CC)

What is real sample flow? (500 CC ± 50)

Is unit leak checked? Yes No

Can you fax a portion of the strip chart pertaining to the problem? Circle pertinent data.