Quality System Documentation

Proper Completion of This Form is Vitaliy Important to the Prompt and Efficient Handling of Product Warranty Claims.

I. This claim form, properly completed, must accompany any returned Product and be received by CPI Microwave Power Products (MPP) prior to expiration of the adjustment period. Compliance with this requirement assures the user of the most prompt and thorough service possible. A Product returned within the adjustment period, but without the completed Returned Product Form, will be treated as out of warranty.

II. Complete the following information regarding the Product being returned:

A. Returned Material Authorization No.:  
   (Call CPI/MPP Customer Service Department to obtain this number.)

B. Product Type:  
   CPI Part No.:  Serial No.:  
   Customer Part No.:  

C. Customer Purchase Order No.:  
   Date of Purchase Order:  

D. Control Specification No.:  Dated:  
   (Check one)  Document of CPI ☐  Document of your company ☐

E. Contract Warranty (either CPI Warranty Code or specification paragraph):

   Filament Hours:  Warranty Adjustment Began:  
   Adjustment Time:  (months)  Expires:  

III. Claim is made against warranty based on the following:

A. Specifications(s) not met by the Product (list by specification and paragraph number):

   
   
   
   
   
   

Updated logo

Verify revision before use.
PLEASE FILL IN FOR FAILED PRODUCTS:

(Place an “X” in the appropriate box to show what variance from normal was seen at the time of product failure.)

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Date Installed</th>
<th>Date Failed</th>
<th>Filament Hours</th>
<th>Radiate Hours</th>
<th>Filament Current</th>
<th>Beam Current</th>
<th>Body Current</th>
<th>High-Voltage Arcs (Yes/No)</th>
<th>W/G Arcs (Yes/No)</th>
<th>Coolant Flow (Yes/No)</th>
<th>Mechanical Problems (Yes/No)</th>
<th>Electro-Magnet Current (Lo/Hi)</th>
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<tbody>
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</table>

*It is necessary to have the Product serial number rather than the system serial number.

B. Describe the circumstances and/or sequence of events under which the Product failed. Include remarks relating to installation problems, system anomalies, and so forth.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

IV. System used in __________________________________________________________________

Serial No.: ____________________________________________

V. Purchaser’s Name: ____________________________________________

Address: ____________________________________________

Telephone: ____________________________________________

Claim made by: ____________________________________________

Name of person to contact for additional information: ____________________________________________

Telephone: ____________________________________________

__________________________
(Signature)

__________________________
(Date)
RETURNED PRODUCT FORM FOR
COUPLED CAVITY TRAVELING
WAVE TUBES

Quality System Documentation

Return completed form with Product promptly to
Communications & Power Industries LLC
Microwave Power Products Division
Building 2 Receiving
811 Hansen Way
Palo Alto, CA 94303-0750
Attention: Returned Products/RMA #__________

Tel: (650) 846-3900
Fax: (650) 856-0705
E-mail: MPPMarketing@cpii.com

CAUTION
DAMAGE CAN OCCUR IF COOLANT IS NOT REMOVED BEFORE PRODUCT SHIPMENT.