



RETURNED PRODUCT FORM FOR
COUPLED CAVITY TRAVELING
WAVE TUBES

MK 4023-3004
ECO: MPP621637
Date: 2/24/21
Rev: A
Page: 1 of 3

Quality System Documentation

Proper Completion of This Form is Vitrally 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.



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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.)																				
*Product S/N	Date Installed	Date Failed	Filament Hours	Radiate Hours	Filament Current		Beam Current		Body Current		High-Voltage Arcs		W/G Arcs		Coolant Flow		Mechanical Problems		Electro-Magnet Current	
					Lo	Hi	Lo	Hi	Nml	Hi	No	Yes	No	Yes	Nml	Lo	No	Yes	Nml	Lo

*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)



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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
(ask for MPP Customer Service Department)
Fax: (650) 856-0705
E-mail: MPPMarketing@cpii.com

CAUTION

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