

PRODUCT FAULT REPORT			
CUSTOMER INFORMATION:		PRODUCT INFORMATION:	
Company Name:		Product Name:	
Contact Name:		Serial No.:	
Phone No:		Date of return:	
SYMPTOMS OBSERVED:			
SYSTEM CONFIGURATION (e.g. other boards present, operating system and software):			
For DSP Design Use:			
Product Test Report:			
Date of Receipt:		Repaired by:	
Charges to be invoiced:			
Date of Return:		Returned by:	