

FAILURE ANALYSIS REQUEST  
FORM



COMPANY INFORMATION

Company Name  
Address

Telephone  
Fax  
Email  
Contact

PRODUCT INFORMATION

Cust. PO#  
ProTek PO#  
ProTek P/N  
Customer P/N  
Quantity  
Lot Number  
Date Code  
Failure Rate

PROBLEM DESCRIPTION

Failure Occurred At

Type of Failure

Additional Comments

## FAILURE ANALYSIS REQUEST FORM INSTRUCTIONS

All sections of this form must be completed or the request may be rejected. Please supply as much detail and background information as possible. If necessary, please provide supporting documentation, pictures or samples. The investigation and response time of our quality team is dependent upon the level of detail provided.

Please mail samples to our main office:

ProTek Devices  
2929 S. Fair Lane  
Tempe, AZ 85282  
Attn: Quality Control

Please submit the Failure Analysis Request form by email or fax.

Email [service@protekdevices.com](mailto:service@protekdevices.com)

Fax 602-414-5126