

# Request for Technical Support



OMS Reference	_____	Location	_____
Customer	_____	Tel	_____
Contact Person	_____	Email	_____

## Product Information

Product Description	_____					
Part Number	_____	S/N	_____			
Well name (if applicable)	_____					
Date	Installation	DD-MM-YY	Fail	DD-MM-YY		
Warranty Claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Installation history	2nd Install	DD-MM-YY	Pulled	DD-MM-YY	Reason for Pull	_____
	3rd Install	DD-MM-YY	Pulled	DD-MM-YY	Reason for Pull	_____
Product serviced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please confirm whether product was serviced prior to reuse			

## Preliminary Findings

Have you attempted to troubleshoot the problem as per GWI-125	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
Typical Ct value (mA)	Before: _____	After: _____		
Gauge current (mA)	Min: _____	Max: _____	Record readings over 1 min	
Inline Fuse Resistance	A: _____	B: _____	C: _____	Should be 30 to 40Ω
PH-PH readings	AB: _____	BC: _____	CA: _____	At time of Event
PH-GND readings	_____			At time of Event
Controller	<input type="checkbox"/> VSD	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Sinewave Filter Fitted	
Supply	<input type="checkbox"/> GENSET	<input type="checkbox"/> Powerline		
ESP cable type	_____			
Setting Depth	_____ ft	_____ m		
Typical well temperature	_____ °F	_____ °C		

## Supplementary Information

Installation report attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Data download attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Please zip files and include OMS reference from above in the title (if applicable)			
Any other observations			