

Alleged Incident Report

Report No:

Customer Care Ref:

- ✓ WHAT IS DAMAGED Product damaged Property Damaged Personal/Animal Injury
- ✓ HOW IS IT DAMAGED Fire/smoke damage Water Damage Mechanical Damage
- Electrical damage
- ✓ POTENTIAL FOR Personal Injury Product Damage Property Damage
- ✓ CUSTOMER RESPONSIBILITY Cleaning & Maintenance Customer/Professional Installation Gross Error
- User Gross Misuse Service Issue
- Product Does not meet Customer Expectations

Brand

Model Number

PNC No

Serial No

Person or Persons Involved

Title:	
First Name:	
Surname:	
Address:	
Post Code:	
Tel Home / Work:	
Mobile Home / Work:	
E-Mail Address:	

Incident Details

Date of Incident:	Time of Incident:	Where is product installed
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Emergency Service involved: NONE FIRE POLICE AMBULANCE

Is the Product installed to the manufacturers Recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Socket: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give details:	Extension lead: <input type="checkbox"/> Yes <input type="checkbox"/> No

Was the appliance in use during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, what program / setting were selected?

If yes, how long had the appliance been in use at the time of the incident?

What did the customer see / experience?

What action did the customer take?

Technicians Inspection Report

Condition of Appliance: As New Good for Age Average for Age Poor Other

Provide description if others:

Is the product to be repaired? Yes No

If yes, parts needed for repair? If no, give details:

Has the product been repaired? Yes No

If no, give details:

If repaired , description of repair:

Is the product to be exchanged? Yes No

Details:

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All AIR repair / replaced parts are to be returned to the National after sales Manager clearly tagged with the AIR No. & Date.

Has the failed component been sent? Yes No N/A

Have any photographs been taken of the incident, product, damage or injury?? (NB: All pictures must be uploaded to AIR database)

Yes No N/A

All digital images must be in accordance with Electrolux AIR Investigation Requirements.

Any further requests from customer?

Details:

Root Cause of Incident

Root cause of fire damage:	Root cause of water damage:	Root cause mechanical damage:	Root cause electrical damage:
<input type="checkbox"/> F1 = PCB	<input type="checkbox"/> W1 = Mains Connection	<input type="checkbox"/> M1 = Door Lock	<input type="checkbox"/> E1 = Earth Fault
<input type="checkbox"/> F2 = Motor	<input type="checkbox"/> W2 = Internal Hose	<input type="checkbox"/> M2 = Door Alignment	<input type="checkbox"/> E2 = Short Circuit
<input type="checkbox"/> F3 = Component Failure	<input type="checkbox"/> W3 = Inlet Valve	<input type="checkbox"/> M3 = Counterweight	<input type="checkbox"/> E3 = Component Failure
<input type="checkbox"/> F4 = Plastic Material	<input type="checkbox"/> W4 = Pump	<input type="checkbox"/> M4 = Suspension	<input type="checkbox"/> E10 = Other
<input type="checkbox"/> F5 = Switch	<input type="checkbox"/> W10 = Other	<input type="checkbox"/> M5 = Temperature	
<input type="checkbox"/> F6 = Connector		<input type="checkbox"/> M6 = Glass Breakage	
<input type="checkbox"/> F10 = Other		<input type="checkbox"/> M7 = Sharp Edge	
		<input type="checkbox"/> M8 = Heat Escape	
		<input type="checkbox"/> M10 = Other	

Description if Other:

Property Damage Description

Fire	Smoke	Water	Mechanical
<input type="checkbox"/> PF1 = Internal Appliance only	<input type="checkbox"/> PF1 = Appliance only	<input type="checkbox"/> PW1 = Internal appliance only	<input type="checkbox"/> PM1 = Adjacent cabinetry
<input type="checkbox"/> PF2 = Appliance location Room only	<input type="checkbox"/> PF2 = Appliance location Room only	<input type="checkbox"/> PW2 = Adjacent cabinetry	<input type="checkbox"/> PM2 = Adjacent flooring
<input type="checkbox"/> PF3 = Multiple rooms in property	<input type="checkbox"/> PF3 = Multiple rooms in property	<input type="checkbox"/> PW3 = Adjacent flooring	<input type="checkbox"/> PM3 = Lower level ceiling
<input type="checkbox"/> PF4 = Adjoining properties	<input type="checkbox"/> PF4 = Adjoining properties	<input type="checkbox"/> PW4 = Lower level ceiling	<input type="checkbox"/> PM10 = Other
<input type="checkbox"/> PF10 = Other	<input type="checkbox"/> PF10 = Other	<input type="checkbox"/> PW5 = Multiple room in property	
		<input type="checkbox"/> PW6 = Adjoining properties	
		<input type="checkbox"/> PW10 = Other	

Description if Other / Any other comments:

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Customer/Animal Injury Description

Human Injury	Pet / Animal Injury
<input type="checkbox"/> No Injury	<input type="checkbox"/> No Injury
<input type="checkbox"/> Domestic first aid only	<input type="checkbox"/> Domestic first aid only
<input type="checkbox"/> Professional first aid / outpatient	<input type="checkbox"/> Professional first aid / outpatient
<input type="checkbox"/> Hospital inpatient - Full recovery	<input type="checkbox"/> Hospital inpatient - Full recovery
<input type="checkbox"/> Hospital in patient - Permanent injury / death	<input type="checkbox"/> Hospital in patient - Permanent injury / death

Any further requests from customer?

Help for the types:

1. No Injury
2. Slight - Requires non-professional first aid (self, parent, partner, colleague etc).
3. Moderate - Requires professional medical intervention / treatment on outpatient basis only (stitches to a cut, inspection and irrigation of an eye injury, etc).
4. Serious - Extended stay in Hospital (more than 24 hours), damage to anybody function that will fully recover within 1 year.
5. Very Serious - Death or permanent loss of anybody function.

Test Procedures

Plug top fuse rating	Amp	Blown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not Known
Correct wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
Circuit protection type & rating		Blown/Tripped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tripped <input type="checkbox"/> Not Known
Type of earthing			
RCD installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	Tripped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not Known
Polarity check	Product	Socket	

EARTH LOOP TEST

Test 2	ohms
Test 1	ohms
Result	ohms

SAFETY RESULTS

EART CONTINUITY	ohms
INSULATION TEST	ohms
MICROWAVE	mw/cm2

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GAS SAFETY TEST

TIGHTNESS TEST		OPERATIONAL TETS			
Test from:- Meter/Product only* * Delete as necessary		Working pressure(MB) at:	Meter		APP
		Tick Yes, No or N/A as appropriate	Yes	No	N/A
Pressure at end of 1 minute stabilization	mb	Flue checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure at end of 2 minute test	mb	Ventilation checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difference	mb	Product / installation left safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Company Representative

Name:
Job No:
Centre Code:
Centre Name:
Company:
Country
Signature:
Date:

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RAISED