


To: OPTI International Corporation	OPTI-UPS Headquarters	E-mail: Fax:
 www.opti-solar.com	Corrective Action Request	CAR No:

Company:	Telephone:	<i>P.O. Box: Tel:</i>	Date of issue:
Country:	Fax:	<i>Fax:</i>	RMA number:
Contact:	E mail:		

PRODUCT	Model name:			
	Breakdown when first use?	<input type="checkbox"/> Yes 2 Times same Problem seen	Serial No:	

	Installation Date	Breakdown Date	Type of Load
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PART	Input Voltage	Output Voltage	Battery voltage

Battery Info.	Battery type(brand):	
	Battery Q'ty	
	Battery date code:	

Description of fault: (please report facts as accurate and detailed as possible):

	Burnt area photo (Attach here):	Burnt area photo (Attach here):

What is expected of OPTI ? :

REPLY TO CLAIM		CAR No:
Date:	Action	

Analysis and Recommendations: (Please do the well packing if the spare parts/UPS unit need returned)

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Report prepared by:	Verified by:
Date:	Date: