

# Warranty Claim Information Sheet



Please fill out the form as complete as possible and return to Inside Sales to receive a Warranty Claim Number for authorization to return product for inspection.

Date:	<input type="text"/>	Contractor:	<input type="text"/>
Contractor Phone/Fax #	<input type="text"/>	Contractor email	<input type="text"/>
Job Name/Address:	<input type="text"/>		Original homeowner: <input type="checkbox"/> No <input type="checkbox"/> Yes
Wholesaler/Address:	<input type="text"/>		Wholesaler Phone/Fax # <input type="text"/>
Wholesaler email	<input type="text"/>	PO/Invoice Number:	<input type="text"/>

## Which RIIFO system was installed?

System:	<input type="text"/>	Size:	<input type="text"/>
Part No(s):	<input type="text"/>	Qty:	<input type="text"/>
Date of installation:	<input type="text"/>	Date of failure:	<input type="text"/>

Was project submittal sent to RIIFO for approval?  No  Yes, please attach.

**Tool used:**  Hand tool  Ridgid press tool  Ridgid press jaw  Other press tool/press jaw

## Type of failure/Leak:

- Fitting Leaks  Pipe Leaks  Manifold leaks  Connection Separated  Fitting Cracked  Fitting Broke  
 Product Damaged/Missing Components  Leaks Air/Failed Pressure Test  Leaks Fluid/Failed Pressure Test

Pressure Test Parameters: psi  Duration  hrs Drop in pressure  psi

**Please mark the area of failure on the pipe or fitting and direction of flow and write comments regarding the markings in "Comments" below. NOTE 3" OF PIPE SHOULD BE ATTACHED TO ALL BRANCHES OF FITTING TO ALLOW FOR PROPER TESTING AND EVALUATION.**

## Leakage rate:

- Damp  Leaking small droplets  Leaking large droplets  Running leak  Small air leak  Large air leak

## Type of Pipe:

Plastic (PEX-b, Oxygen Barrier, PEX-a, PEX-AL-PEX) or Metal Pipe System (Copper, Stainless Steel, Black Iron Pipe):

Type of pipe:	<input type="text"/>	Size:	<input type="text"/>
Manufacturing date:	<input type="text"/>	Manufacturer of metal pipe?	<input type="text"/>

## Type of fluid / Installation is for:

- Cold water  Hot water  Other type of fluid:   
 Potable Water  Radiant  Industrial  Gas  Air  Recirculation System

## Installation area of the Pipes/Fittings:

- Crawl Space  Basement  Mechanical Room  Slab  Underground  
 Attic  Pipe Chase/Plenum  Outside  Other:

## Operating conditions of the system (please attach any engineering specifications and drawings):

Pressure: min.  psi max.  psi Operating temperature: min.  °F max.  °F

Flow rate  gpm Was system operating normally at time of failure?  Yes  No, please explain below in comments.

## Were pictures taken of failure?

Of failure:  No  Yes, please attach. Of damage:  No  Yes, please attach

## Repair and damages:

Cost of claim: \$  Credit only:  No  Yes Have repairs been completed?  No  Yes, please attach invoices.

Was a claim filed with your insurance company?  No  Yes

Pay claim to:

If yes please provide insurance company information:

Hint: to start a new paragraph hold the alt key and press enter

**Comments/Drawings/Other Information**

Hint: to start a new paragraph hold the alt key and press enter