

FM ACOUSTICS

Service Call Questionnaire

There is always a reason when a product gets damaged. Please complete this questionnaire and forward it to your distributor to help determine the cause and possible remedies.

1. Model: _____ 2. Serial No: _____ 3. Date of purchase: _____

4. Your name and address: _____

Email / Fax / Phone No: _____

5. Dealer's name and address: _____

Email / Fax / Phone No: _____

6. Short description of damage: _____

7. Did damage occur during switch-on of: unit itself? Yes No
other unit? Yes No
if **Yes**, describe other unit:

8. How is your equipment switched on:
 all at once
 sequentially: 1st: _____
2nd: _____
3rd: _____
4th: _____

9. How is your equipment switched off:
 all at once:
 sequentially: 1st: _____
2nd: _____
3rd: _____
4th: _____

10. Which type of load or speaker (brand and model) was connected?

11. Did the load/speaker get damaged? Yes No
if **Yes**, was it: low frequency driver(s) Yes
mid frequency driver(s) Yes
high frequency driver(s) Yes

12. Associated equipment (list all units that are in system):

_____	_____
_____	_____
_____	_____
_____	_____

13. Which cables (interconnect and/or speaker cables) were used at the inputs and output?

a) Cables to input of damaged unit:

Brand: _____ Model: _____

b) Cables on output of damaged unit:

Brand: _____ Model: _____

14. How was 3-Pin Input XLR to damaged unit connected?

(if XLR used)

Pin 1: _____

Pin 2: _____

Pin 3: _____

15. How was 3-Pin XLR of preceding unit connected?

(if XLR used)

Pin 1: _____

Pin 2: _____

Pin 3: _____

16. Was unit groundlifted?

Yes

No

if **No**: list all other equipment that was installed in the same metal rack by brand and type. Also indicate if it was groundlifted or not.

Brand:	Type:	Groundlifted:	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. Was unit installed in rack?

Yes

No

if **No**: proceed to Question No. 19.

18. Was rack earthed separately?

Yes

No

if **Yes**: in addition to mains earth of amps and other equipment in rack?

Yes

No

19. Was the third-wire of the mains cable of any other unit in the rack or of any preceding unit connected to said unit?

Yes

No

if **Yes**, which unit(s)?

20. Was the third-wire (yellow-green) of the mains cable of the unit connected on the plug?
() Yes () No

21. Which channel was damaged? () Left () Right () Both () Mono Unit

22. Were there any noises (non-music signals) heard? () Yes () No

if **Yes**: () hum () rasping sound
() hiss () "motorboating" sound

other: _____

23. Does the noise disappear when the level control of the power amp is turned down?
() Yes () No

24. Does the noise disappear when the cables on the input are physically disconnected?
() Yes () No

25. Does the noise disappear when the level control of the line stage is turned down?
() Yes () No

26. Did unit run hotter than normal? () Yes () No

27. Did the mains fuse of the damaged unit blow? () Yes () No

28. Did any fuses inside the damaged unit blow? () Yes () No
(For FM 300A, FM 600A, FM 800A, F-10B)

if **Yes**, which one: () 100 mA () 1.25 A () 4A
() 6.3A () 8A () ..A

29. Were components accidentally damaged during servicing? () Yes () No
if **Yes**, please describe: _____

30. a) Was there any sign of non-original parts used () Yes () No
if **Yes**: which: _____

b) Does it appear that unit had been opened, repaired or modified? () Yes () No
if **Yes**, please describe: _____

31. Further remarks : _____

31. If a module fault is suspected, please attach a photo of the module and indicate:

Type: _____ Serial no: _____

Date: _____ Name: _____ Signature: _____

Please enclose a proof of purchase (e.g. invoice copy) and fax or mail this questionnaire to the distributor from whom you obtained your FM ACOUSTICS product.

