

**COASTAL INSTRUMENTS  
MASS FLOW DEVICE  
REPAIR TAG**

**SERVICE LEVEL**

- EXPEDITE 24-HOUR SERVICE       STANDARD SERVICE  
 EXPEDITE SAME DAY                 3 DAY RUSH

COMPANY NAME \_\_\_\_\_ STATE \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

MODEL NUMBER \_\_\_\_\_ SER # \_\_\_\_\_

TECHNICIAN \_\_\_\_\_

PHONE # \_\_\_\_\_ EXT # \_\_\_\_\_

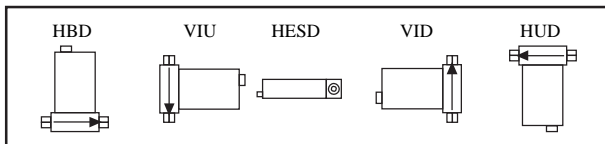
RANGE \_\_\_\_\_ GAS \_\_\_\_\_

ACTUAL GAS USED \_\_\_\_\_

OPERATING PRESSURE: IN \_\_\_\_\_  PSIG  TORR      OUT \_\_\_\_\_  PSIG  TORR

OPERATING \_\_\_\_\_ TO \_\_\_\_\_ % F.S.      IF HAZARD, PURGED  
 RANGE \_\_\_\_\_  YES  NO

**CIRCLE CORRECT MOUNTING POSITION**



**SERVICE REQUIRED**

- CLEAN & CALIBRATE       WARRANTY       EXCHANGE  
 RANGE/GAS CHANGE       PRE-CAL DATA       BUILD  
 PRIMARY STD. DATA

**SYMPTOMS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SHIP TO**

**COASTAL INSTRUMENTS**

PLEASE COMPLETE THIS FORM AN ATTACH TO MFC.