



Claim protocol

Customer / Company:		
Contact person:	E-mail:	Phone:
Type of RTU unit (card):	Serial number:	*Unit placement:
Description of failure:		
Frequency of the described fault:		Time to failure:
Accidentally during operation	When assembling	
Immediately after power up	When disassembling	
After thunderstorm	During transportation	
Other notes:		
	Date of claim:	Claim submitted by:

* Indicate location of the RTU unit/card (city, district) and type of installation (substation, recloser etc.)

v1.0

To be filled by ELVAC

