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RETURNED MATERIAL AUTHORIZATION

The information on this sheet will help ensure that Power Integration's response is timely. All information requested is critical. Please fill in the highlighted items in sections 1 & 2; if any item is unknown or not applicable; please indicate as such (NA).
NOTE: The RMA must be returned within 90 days from date of issue, otherwise, it will be invalid and a new request is needed.

1. Pre-Authorization Information

Issue Date:		Customer Internal P/N :		PI RMA #
PI Part #:				Reason for Return (Please check all that apply)
Quantity				<input type="checkbox"/> Failure Analysis (requires FA Request Form-See
@ \$:				<input type="checkbox"/> Electrical Verification <input type="checkbox"/> Policy Return
Total \$:				<input type="checkbox"/> External Visual <input type="checkbox"/> Credit must be > \$25
Ship To : _____	<input type="checkbox"/> PI San Jose			<input type="checkbox"/> Incorrect Documentation <input type="checkbox"/> Credit & Replacement
_____	<input type="checkbox"/> Hong Kong Warehouse			<input type="checkbox"/> Stock Rotation <input type="checkbox"/> Other (Specify below)
_____	<input type="checkbox"/> _____			
RMA Approval:	Date:			
Customer:		Distributor (required): (If Customer does not purchase direct from PI)		
Customer Location:		Model No:		
Location Failure Occurred:		Application:		
No. of Power Supplies Returned:				

2. Contact Information: (Required for PI to send analysis report, update or for any questions)

	Customer/Disti Contact	PI Sales Manager	Add'l Cust/Disti	Other
Name				
Phone				
Email				

3. Receiving Evaluation

Date Received:	Date to FA:	<input type="checkbox"/> Count Verified	<input type="checkbox"/> Count Discrepancy
Lot #:	D/C:	Qty:	Lot #: D/C: Qty:

4. Disposition

<input type="checkbox"/> Return Approved			Material Disposition:	<u>Quantity</u>
<input type="checkbox"/> Return Rejected			<input type="checkbox"/> Return to Stock	_____
QA: _____	Date: _____		<input type="checkbox"/> Return to Customer	_____
<input type="checkbox"/> Credit >\$25 only	<input type="checkbox"/> Return		<input type="checkbox"/> DMR # (req for Scrap/MRB mat'l) # _____	_____
<input type="checkbox"/> Credit & Replace	<input type="checkbox"/> No Credit Req.		<input type="checkbox"/> Scrap	_____
<input type="checkbox"/> Rework	<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> MRB (Material Review Board)	_____
			<input type="checkbox"/> Failure Analysis (FA)	_____
			<input type="checkbox"/> Other (specify) _____	_____
			Add'l comment/disposition detail: _____	

FAILURE ANALYSIS REQUEST FORM

Note: The information requested on this sheet will help ensure that Power Integrations' response is timely and meaningful. In particular, the power supply hardware in which failures occur is very important if the IC is severely damaged. Please fill in all the items; if any item is unknown or not applicable, please indicate as such (NA).

RMA No:		Customer:	
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1. Problem with Each Device Being Returned (Serialize each device)

<u>Serial No.</u>	<u>Date Code</u> <small>Jxxx, Kxxx etc</small>	<u>Lot No.</u>	<u>Failure Type</u> (Visual Inspection, Start-up Test, Burn-in, Hi-Pot, Final Test, Field Return, etc.)	<u>Test Condition</u> (Input and Output Loading Condition, etc. attach a report if necessary)
1				
2				
3				
4				
5				

2. Description of Impact (e.g., high rework rate, production hold, field return etc, quantify the problem):

3. Estimate of Failure (PPM, %): _____ **How Often?** _____ **How Long?** _____

4. Total No. of other Failures NOT RETURNED: _____ **Box/Transit** _____ **Line** _____

5. Failing System, Hardware, and Documentation Provided (Check items being provided with the RMA; if a non-disclosure agreement is required, please inform the PI Sales Representative)

<input type="checkbox"/> Failed Power Supply 1 to 3 per failure Type	<input type="checkbox"/> Good Power Supply 1 to 2	<input type="checkbox"/> Transformer Drawing	<input type="checkbox"/> Transformer BOM
<input type="checkbox"/> System Schematics	<input type="checkbox"/> System I/O Spec.	<input type="checkbox"/> System Test Spec.	<input type="checkbox"/> Other Data. (Attach)

6. For this application, approximately how many systems are shipped per month? _____

7. List any other components failing with PI product? (e.g. input fuse, transformer winding, etc,):

8. Other Information (Optional, attach additional documents or a problem report if available):