


Company:

Contact:

Phone #

<b>EP Magazine/Toner Trouble Report</b>		RMA #		
	• Printer Model No.	• Date of Request		
• System configuration <input type="checkbox"/> PLP II/Elite/BLP II/Eclipse <input type="checkbox"/> Elite 600/600et <input type="checkbox"/> SelectPress 600/1200 <input type="checkbox"/> Elite XL 408/608/808/1208/616	• Printer Serial Number	• Date of trouble		
	• EP Magazine/Toner Serial #: Record All #'s	• Installation Date		
• Evidence included <input type="checkbox"/> Print Samples <input type="checkbox"/> Configuration sheet <input type="checkbox"/> Other report <input type="checkbox"/> None	• Total page count of printer	• Page count of EP Magazine/Toner		
	• Written Detailed Description of Print Quality problem or Failure			
• Detail: Check all descriptions below that accurately matches the symptom <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Light Output/Low Density  <input type="checkbox"/> Blank Pages  <input type="checkbox"/> Vertical Streaking  <input type="checkbox"/> Leading Edge Jitter  <input type="checkbox"/> Excessive Bright Spots  <input type="checkbox"/> Scratched Drum  <input type="checkbox"/> Ghosting  <input type="checkbox"/> Physical Damage: Describe specific damage below                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White Lines in Print  <input type="checkbox"/> White Banding  <input type="checkbox"/> Black Banding  <input type="checkbox"/> Scattered Toner  <input type="checkbox"/> Dirty Background  <input type="checkbox"/> Other: Describe damage below                 </td> </tr> </table>			<input type="checkbox"/> Light Output/Low Density <input type="checkbox"/> Blank Pages <input type="checkbox"/> Vertical Streaking <input type="checkbox"/> Leading Edge Jitter <input type="checkbox"/> Excessive Bright Spots <input type="checkbox"/> Scratched Drum <input type="checkbox"/> Ghosting <input type="checkbox"/> Physical Damage: Describe specific damage below	<input type="checkbox"/> White Lines in Print <input type="checkbox"/> White Banding <input type="checkbox"/> Black Banding <input type="checkbox"/> Scattered Toner <input type="checkbox"/> Dirty Background <input type="checkbox"/> Other: Describe damage below
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• Detailed Troubleshooting Procedures: Check all that apply. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Cleaned Auto Toner Sensor and toner probe  <input type="checkbox"/> Cleaned transfer wire  <input type="checkbox"/> Cleaned all paper feed rollers  <input type="checkbox"/> Cleaned Fuser and pressure roller  <input type="checkbox"/> Other Troubleshooting: Be specific:                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Cleaned charge wire and contact points  <input type="checkbox"/> Cleaned Laser Beam Port/LED Array  <input type="checkbox"/> Changed Toner  <input type="checkbox"/> Changed EP                 </td> </tr> </table>			<input type="checkbox"/> Cleaned Auto Toner Sensor and toner probe <input type="checkbox"/> Cleaned transfer wire <input type="checkbox"/> Cleaned all paper feed rollers <input type="checkbox"/> Cleaned Fuser and pressure roller <input type="checkbox"/> Other Troubleshooting: Be specific:	<input type="checkbox"/> Cleaned charge wire and contact points <input type="checkbox"/> Cleaned Laser Beam Port/LED Array <input type="checkbox"/> Changed Toner <input type="checkbox"/> Changed EP
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Auto Toner Sensor value (maint. mode 16) <input type="checkbox"/> menu item not available	Laser Emission Power value (maint. mode 08) <input type="checkbox"/> menu item not available	TS Rep: Admin:		
<p><b>IMPORTANT: This <i>completed</i> form and <i>original</i> samples must be returned <u>before</u> any credit or replacements are authorized. No credit will be issued for any incomplete forms or failure to return original sample output. Place <i>Original</i> samples in the box with the defective EP Magazine or Toner to be returned to GCC.</b></p> <p><b>Fax Completed Form and Samples to: Attn. Tech Support 617-275-1115</b></p>				