



Spiral Element RMA Information Form

Customer Name	_____	End-User Name	_____
Order/Invoice Number	_____	Product Model	_____
Installation Date	_____	Duration of Operation	_____
Application	_____	Affected Quantity	_____
Affected Serial Numbers	_____		

Operating Parameters (if known/applicable):

Permeate Flow	_____	Feed Flow	_____
System Recovery (%)	_____	pH	_____
Temperature	_____	Elements per Housing	_____
System Array	_____	Feed Pressure	_____
Feed Source	_____	Concentrate Pressure	_____
Pretreatment	_____	Permeate Pressure	_____
Organics (BOD, COD, TOC)	_____	Delta P per Housing	_____
Cross Flow Per Housing	_____		
Affected Element Location(s)	_____		
Does the feed pump ramp when starting/stopping?	_____		

Cleaning (if known/applicable):

Alkaline Cleaning:

Frequency _____

Duration _____

Chemical(s) and Concentrations Used _____

Temperature _____

pH _____

Pressure _____

Acid Cleaning:

Frequency _____

Duration _____

Chemical(s) and Concentrations Used _____

Temperature _____

Pressure _____

Other Cleaning:

*If available/applicable, please attach operation logs, cleaning logs, and feed water quality

Description of Issue:

