

# Warranty Claim Information Sheet

# RIIFO

Please fill out the form as complete as possible and return to Inside Sales to receive a Warranty Claim Number for authorization to return product for inspection.

Date:		Contractor:	
Contractor Phone/Fax #		Contractor email	
Job Name/Address:			Original homeowner: <input type="checkbox"/> No <input type="checkbox"/> Yes
Wholesaler/Address:			Wholesaler Phone/Fax #
Wholesaler email		PO/Invoice Number:	

## Which RIIFO system was installed?

System:				Size:	
Part No(s):		Qty:		Date of installation:	
				Date of failure:	

Was project submittal sent to RIIFO for approval? ☐ No ☐ Yes, please attach.

Tool used:	<input type="checkbox"/> Hand tool	<input type="checkbox"/> Ridgid press tool	<input type="checkbox"/> Ridgid press jaw	<input type="checkbox"/> Other press tool/press jaw	
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## Type of failure/Leak:

- ☐ Fitting Leaks ☐ Pipe Leaks ☐ Manifold leaks ☐ Connection Separated ☐ Fitting Cracked ☐ Fitting Broke  
☐ Product Damaged/Missing Components ☐ Leaks Air/Failed Pressure Test ☐ Leaks Fluid/Failed Pressure Test

Pressure Test Parameters: psi  Duration  hrs Drop in pressure  psi

**Please mark the area of failure on the pipe or fitting and direction of flow and write comments regarding the markings in "Comments" below. NOTE 3" OF PIPE SHOULD BE ATTACHED TO ALL BRANCHES OF FITTING TO ALLOW FOR PROPER TESTING AND EVALUATION.**

## Leakage rate:

- ☐ Damp ☐ Leaking small droplets ☐ Leaking large droplets ☐ Running leak ☐ Small air leak ☐ Large air leak

## Type of Pipe:

Plastic (PEX-b, Oxygen Barrier, PEX-a, PEX-AL-PEX) or Metal Pipe System (Copper, Stainless Steel, Black Iron Pipe):

Type of pipe:		Size:	
Manufacturing date:		Manufacturer of metal pipe?	

## Type of fluid / Installation is for:

- ☐ Cold water ☐ Hot water ☐ Other type of fluid:   
☐ Potable Water ☐ Radiant ☐ Industrial ☐ Gas ☐ Air ☐ Recirculation System

## Installation area of the Pipes/Fittings:

- ☐ Crawl Space ☐ Basement ☐ Mechanical Room ☐ Slab ☐ Underground  
☐ Attic ☐ Pipe Chase/Plenum ☐ Outside ☐ Other:

## Operating conditions of the system (please attach any engineering specifications and drawings):

Pressure: min.  psi max.  psi Operating temperature: min.  °F max.  °F

Flow rate  gpm Was system operating normally at time of failure? ☐ Yes ☐ No, please explain below in comments.

## Were pictures taken of failure?

Of failure: ☐ No ☐ Yes, please attach. Of damage: ☐ No ☐ Yes, please attach

## Repair and damages:

Cost of claim: \$  Credit only: ☐ No ☐ Yes Have repairs been completed? ☐ No ☐ Yes, please attach invoices.

Was a claim filed with your insurance company? ☐ No ☐ Yes

Pay claim to:

If yes please provide insurance company information:

Hint: to start a new paragraph hold the alt key and press enter

**Comments/Drawings/Other Information**

Hint: to start a new paragraph hold the alt key and press enter