



# Diagnostic Service Form

To better help us determine the best solution for your inquiry, please complete this form. You may fax your completed form to: Technical Support at 415-526-2787, or email to: [techsupport@spectrawatermakers.com](mailto:techsupport@spectrawatermakers.com).

Customer Name _____	Date _____
Permanent Address _____	City _____
State _____	Zip Code _____ Country _____
Phone# _____	Fax# _____ Email _____
Vessel Name _____	Length _____

## Product Information

Model/Product _____	Date Purchased _____	Serial# _____
System Voltage _____	Auto Salinity Serial # _____	
System Installed By: _____	Current Boat Location _____	
Complete <b>Current</b> Shipping Information _____		
_____		

## For Prompt Reply, Please Complete The Following Questions

Age of Pre-Filters _____	Age of System _____
Pressure w/1 Pump _____	Pressure w/both Pumps _____
Cut-out PSI Pump 1 _____	Cut-out PSI Pump 2 _____
Product H2O Salinity _____	Hand Held Tester Calibrated (yes/no) _____
Volts @ Pump 1 _____	Volts @ Pump 2 _____
GPH Product 1 Pump _____	GPH Product Both Pumps _____
Location of Inlet Connection _____	Location Brine Connection _____
Has Salinity Probe Been Cleaned _____	Current H2O Temperature _____
Was System Working Properly Before _____	If Yes, For How Long _____
Date System Cleaned/Picked Last _____	Was Pressure Relief Valve Off _____
Please indicate additional Service History/Notes: _____	
_____	
_____	

## Please Describe The Problem

_____
_____
_____

Thank you for completing this form. This information will be reviewed by our technician who will contact you with instructions. Please **do not** return your unit until you receive a RMA number from Spectra. Please reference this number with your return. Your credit card will be charged for all parts and shipping charges for **only** non-warranty related repairs.

Credit Card Number: _____	Expiration Date: _____
Name On Credit Card: _____	
(*Parts and shipping costs will be charged unless unit is determined by manufacturer item is under warranty.)	

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