

**Problem Report and/or Installation Checklist
 Problem-Formular und/oder Installationsprüfliste**

TYPE / NAME OF THE SHIP:	
Vessel Location (Country, Port, location in Marina) / Liegeplatz der Yacht (Land, Stadt, Marina-Platz)	
Ship Owner / Schiffseigner:	
Contact Person / Kontaktperson	
Address / Adresse:	
Phone / Telefon:	
Fax:	
Email:	

**Service and Installation Company
 Service und Installations-Firma**

Name:	
Address:	
Phone:	
Fax:	
Email:	
Problem during commissioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have already replaced the faulty unit and returned it to 1st-Relief. I expect to receive a replacement therefore.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I need a replacement immediately and will return the faulty unit within two weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shipment Name and address for shipping of replacement unit	
Warranty	<input type="checkbox"/> Yes <input type="checkbox"/> No

Boat / Yacht Information:	
Shiptype / Schiffstyp	
Length / Länge [m]	
Beam / Breite [m]	
Power / Motorleistung [KW]	
Manufacturing Year / Baujahr	
Max. PoB / max. Personenzahl	
Manufacturer / Hersteller	
Typ Description / Typenbeschreibung	
Hull Material / Rumpfmateriail	
Propulsion Systems (Brand, Type) / Antriebssystem(e) (Hersteller, Typ)	
Number of Propulsion Systems / Anzahl der Antriebssysteme	
Actual Steering System / derzeitiges Steuersystem	
Treibstoff	
Voltage / Spannungsversorgung [VDC]	

Please add here additional case information for our better understanding
Please also include a trace file from relevant sensors to this report if possible.

Please return this form by Email immediately after installation or discovering a problem to the Technical Support Department (technical.support@1st-relief.com) of 1st-Relief e.U.