PDI & QUALITY RATING REPORT

This completed form must be returned to ASC within 15 days of delivery for Warranty Registration purposes. Claims cannot be processed until this document is received. ASC reserves the right to deny or reduce claims based on failure to submit this form or for incomplete information.

MODEL NUMBER:	/IN:		SHIPI	PED DATE:	ESU / ENG	NO:		UA	O NO:	
DEALER:		DEALER CONTACT:					PHONE:			
DEALER.		PEALEN CONTACT.					TIONE.			
OWNER / CUSTOMER:	CUSTOMED CONT.	CUSTOMER CONTACT / TITLE:					PHONE:			
OWNER/COSTOWER.	COSTOMER CONTACT/TITLE.					-none.				
ADDRESS:	CITY:				STA	STATE: ZIP:				
QUA						LITY SATISFACTION RATING				
DEALER / CUSTOMER SATISFACTION SURVEY (Your candid answers to this satisfaction survey assists us in our improvement efforts)					Poor	Belo w	Meet s	Satisf ied	Very Satisf ied	
Rate the ease of operation & functional performance of this sweeper.					1	2	3	4	5	
Rate the physical condition of this sweeper when it was received by you.					1	2	3	4	5	
Rate the design and manufacture of this sweeper.					1	2	3	4	5	
Rate Technical Support & Customer Service in meeting your expectations.					1	2	3	4	5	
Rate the overall quality & reliability of this Allianz street sweeper.					1	2	3	4	5	
RECORD OF PRE-DELIVERY INSPECTION DEFECTS										
INSPECTION BY: PHONE NUMBER: INSPECTION DATE:						VEHICLE M	VEHICLE MILES: VEHICLE HOURS:			
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
ASC QUALITY DEPARTMENT – CORRECTIVE ACTION REVIEW										
Problem Description:						C/A RE	C/A REQ'D: Î Y Î		Î N	
Root Cause:										
Immediate Action:						To directly contact the ASC Quality Assurance				
Corrective Action:						Department, Please call: 909-613-5655				
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Form AS-7.doc Rev: E 03/14/04



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