



NEW REPLACEMENT PARTS FOR HEAVY EQUIPMENT

Quality Claim Form - for Hydraulic Pump claims only

6100 NW 77th Ct
Miami, Florida 33166
Tel: 305-592-9769, Fax:786-336-5719

Date _____

Customer Information

Company name * CTP customer no.
Costex Order no. Invoice Date
Costex invoice no. *
Costex sales associate *

Part Information

Part Number _____ Quantity in claim *
Date of installation _____ Serial no. *
How many hours was the part used _____ Machine model *
Production code _____

Problem Guide- check the causes that apply to your claim

- Was there a previous failure with the hydraulic pump
System was flushed or oil was changed before start-up of new pump
Pump rotated freely before installation (Gear pumps)
Case was filled with oil before start-up of new pump (for piston pumps & motors)
New gaskets and O-rings were installed with the pump
Case drain line was plumbed directly back to tank without restrictions (for piston pumps & motors)
Relief valve (pressure compensator) was adjusted before startup
Oil pump was dismantled prior to installation

When measuring pressure where did you place the gauge _____

Briefly describe the flow, pressure, ambient Temperature, and oil Temperature at time of start up and failure _____

Other information

This claim was submitted by * fax no. *
Position _____ Country _____
Contact telephone no. * fields marked with " * " are mandatory
E-mail * _____