

Out Of Box Quality & Warranty Validation Report

CBP Tech Service Representative

Phone Number: _____ Email: _____

Date: _____

Client/Customer Information

Name: _____

Company: _____

Phone Number: _____ Email: _____

Address: _____

WARRANTY

OUT-OF-BOX

CBP Technical Rep Observation

Sample Review: _____

Quality Findings: _____

Onsite Review (if required): _____

MATERIAL REPLACEMENT
REQUIRED?

LABOR COST
REQUIRED?

Complaint/Disposition/Validation

Claim Approved: _____

Claim Disapproved: _____

Material/Product Required

Profile Description & P/N: _____

Quantity: _____

Labor Required

Description: _____

Labor Cost/sq: _____

Total Labor Cost: _____

CBP Tech Representative

Sign: _____ Date: _____