



Distributor / OEM Customer Request for Engineering Review Fire Suppression

Please consult with Globe Technologies published warranty policy prior to completing the below form. The warranty extends only to Globe Technologies Distributors and OEM customers. All claims must be submitted and channeled through the Recognized Globe Technologies OEM and/or Distributor.

OEM / Distributor (where fusible link was purchased)

Company: _____
City: _____ State: _____
Purchase Order No. _____ Date of Purchase: ____/____/____

Installer (Who installed the fusible link)

Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____)____-____ Fax: (____)____-____

Fire Suppression System Information

Site Address Where Suppression System is Installed: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____)____-____

Hazard Application: Restaurant Vehicle Spray Booth Dip Tank Other, Please list _____

Type of Suppression System (make & model): _____

Type of Control Head (make & model): _____

Control Head Date of Mfg.: ____/____/____

Date of System Installation: ____/____/____

New or Existing Installation: N E

Date of Last Inspection: ____/____/____

Date of Last Repair or Maintenance: ____/____/____

(attach last inspection & maintenance report)

Fusible Link Information

Fusible Link Type: A K ML

Design Temperature Set Point of Link: 280°F 360°F 450°F 500°F

Other **please specify** _____



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Fusible Link Information (cont.)

Temperature Study Performed: Y N

Date of Last Temperature Study: ____/____/____
(attach last temperature study report. Explain in detail process used to perform this study)

Date stamped on Fusible Link to Be Examined: ____/____

Tension Applied on Fusible Link Line (load rate): ____lbs.

Was Load Rate Verification Test Performed? Y N
(if yes, please attach documentation)

Date of System Event (release / non-release): ____/____/____

Initial Field Assumptions (opinion): ____
Please list any other pertinent information that may be relative to the event, installation, or protected zone.
(attach any photos and / or other information that may help in evaluating this claim)

For Internal Use Only

Date of Initial Claim: ____/____/____

Date of Receipt of Link Components: ____/____/____

Is Claim Form Complete: Y N

Date of Claim Review: ____/____/____

Final Disposition: _____

This form along with all the fusible link components and receipts must be sent to Globe Technologies – Att: Claim. Mailing must be completed to the below PO Box. Upon receipt a route-cause analysis will be performed. Findings will be reported back to the OEM / Distributor within two (2) to four (4) weeks of initial receipt of all requested information. Note: Incomplete forms, or lack of physical components will result in this warranty claim not being processed.