



## NCS Equipment Repair Information Sheet

Customer Name LF BiO LFI  
Receipt/Drop Off Date \_\_\_\_\_ / \_\_\_\_\_  
Model and Serial# TBM 15/4N M15729  
KW/HP 15kw  
Site Voltage 460  
Customer Complaint Warranty?  
Service Requested —  
Voltage Requested —  
Repair Shop Name NCS  
Repair Shop Job/Tag Number —  
Doris Ticket Number/PO# \_\_\_\_\_

### Repair Shop Parts Request

1. 15kw motor
2. 2125 LIPS (2)
3. 351 LIPS
4. oil
5. 313
6. 289
7. 522
8. Green Gasket
9. 212
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Requesting Employee \_\_\_\_\_ Date \_\_\_\_\_