

PRODUCT DEFECT REPORT

This form should be completed by the pyrotechnic operator in charge, giving as much information as possible. Once completed the form must be returned to: Le Maitre Ltd, Fourth Drove, Peterborough, Cambs, PE1 5UR. Tel: 01733794805 - Mob: 07971200910 - Fax: 01733568619. Email: technicalsupport@lemaitreltd.com, oliver.astel@lemaitreltd.com ash@lemaitreltd.com

| Name | | | | Customer | | | | | | | |
|--|---|-------------|-----------|------------|----------|------------------|-------------|--|--|--|--|
| Telephone number | | | | E-ma | ail | | | | | | |
| N. C. I. | | | | | Date | es: | | | | | |
| Name of product | | | no: | atch o: | | Purchased/Use by | | | | | |
| Number of units | | Number of | | | Purcha | sed | | | | | |
| fired faulty units | | | | | from | | | | | | |
| Please describe how the product was set-up for firing. | | | | | | | | | | | |
| 1. Flash pod or holder: | | | | | | | | | | | |
| 2. Inside or outsid | | eather cond | itions at | time o | f set-up | & al | lso firing: | | | | |
| 3. Length of firing | _ | | | | | | | | | | |
| 4. How many pro | | | ıme sequ | ence: | | | | | | | |
| 5. If more than 1, parallel or series wiring: | | | | | | | | | | | |
| | | | | | | | | | | | |
| What happened when firing? | | | | | | | | | | | |
| 1. Nothing apparent: | | | | | | | | | | | |
| 2. Slow ignition: | | | | | | | | | | | |
| 3. Low height: | | | | | | | | | | | |
| 4. Excessive height: | | | | | | | | | | | |
| 5. Short burn time: | | | | | | | | | | | |
| 6. Excessive burn time: | | | | | | | | | | | |
| 7. To Smokey, noisy: | | | | | | | | | | | |
| 8. Unit fell over: | | | | | | | | | | | |
| 9. Hot fallout: | | | | | | | | | | | |
| 10. Person(s) injured: | | | | | | | | | | | |
| 11. Damage to personnel clothing: | | | | | | | | | | | |
| 12. Damage to surroundings: | | | | | | | | | | | |
| 13. Unit caught fire: | | | | | | | | | | | |
| 14. Any other comments: | | | | | | | | | | | |

| Name | Signature | Date | |
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