

# Troubleshooting Sheet

Rev. 1.0

<b>Customer Details</b>			<b>Device Info.</b>																																																													
Company	Department		Model	Printer																																																												
In-charge	TEL	FAX	Serial No. <sup>Note 1)</sup>	Printer																																																												
In-charge	TEL	FAX	Purchase date	Printer																																																												
<b>Details of Trouble (Multiple entries allowed)</b>			<b>Frequency of Occurrence (Multiple entries allowed)</b>		<b>Timing of Occurrence (Multiple entries allowed)</b>																																																											
<input type="checkbox"/> A: Does not switch to the Ready mode. <input type="checkbox"/> B: printing defect <input type="checkbox"/> C: card jam (feed defect) <input type="checkbox"/> D: magnetic card encoding defect <input type="checkbox"/> E: IC card encoding defect <input type="checkbox"/> F: other defects (PC communication, printed image, etc.)			<input type="checkbox"/> Always <input type="checkbox"/> Sometimes (at regular intervals) About cards out of cards About cards every months <input type="checkbox"/> Sometimes (multiple cards discharged at one time) When such trouble frequently occurs About cards out of cards		<input type="checkbox"/> Immediately after purchase <input type="checkbox"/> A while after purchase months after purchase <input type="checkbox"/> Since days ago <input type="checkbox"/> After film exchange <input type="checkbox"/> After ink replacement <input type="checkbox"/> After card replenishment <input type="checkbox"/> Early morning <input type="checkbox"/> After installation conditions are changed, e.g. change of layout <input type="checkbox"/> Others [ ]																																																											
<small>Select one or more items from A to G by ticking the corresponding checkbox.</small>																																																																
<small>Note 1) Enter the eight-digit number indicated on the label at the rear of the printer.</small>																																																																
<b>A: Does not switch to the Ready mode.</b> <input type="checkbox"/> Printer power does not turn on. <input type="checkbox"/> Does not proceed beyond initialization stage. Printer display [ ] <input type="checkbox"/> Error occurs during initialization. Printer error message display [ ] <input type="checkbox"/> Others (Enter the symptoms in H.)																																																																
<b>B: printing defect</b> <table border="0"> <tr> <td><input type="checkbox"/> Characters or facial portraits appear double.</td> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> </tr> <tr> <td><input type="checkbox"/> Bleeding occurs in the characters or facial portraits.</td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td><input type="checkbox"/> Streaks or wrinkles appear on the characters or facial portraits.</td> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> <td><input type="checkbox"/> d</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td><input type="checkbox"/> Printing position is not properly aligned. by mm Displaced toward <input type="checkbox"/> front side <input type="checkbox"/> rear side <input type="checkbox"/> hopper (upper) <input type="checkbox"/> stacker (lower).</td> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td><input type="checkbox"/> a: Characters appear blurred.</td> <td><input type="checkbox"/> a</td> </tr> <tr> <td><input type="checkbox"/> b: Characters appear crushed.</td> <td><input type="checkbox"/> b</td> </tr> <tr> <td><input type="checkbox"/> c: some parts of the characters are missing.</td> <td><input type="checkbox"/> c</td> </tr> <tr> <td>ink serial no. [ ]</td> <td>ABCDE ABCDE ABCDE</td> </tr> </table> <table border="0"> <tr> <td><input type="checkbox"/> a: Printing voids or colored spots about the size of foreign objects.</td> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> <td><input type="checkbox"/> d</td> </tr> <tr> <td>b, c: relatively large printing voids</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d: nothing is printed.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Transferred onto film?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Large printing voids</td> <td></td> </tr> <tr> <td>Retransfer film serial no. [ ]</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td><input type="checkbox"/> Other printing defects</td> <td>When requesting for repair, please also send photos of currently used cards or cards for which the symptoms can be identified.</td> </tr> </table>						<input type="checkbox"/> Characters or facial portraits appear double.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> Bleeding occurs in the characters or facial portraits.			<input type="checkbox"/> Streaks or wrinkles appear on the characters or facial portraits.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d						<input type="checkbox"/> Printing position is not properly aligned. by mm Displaced toward <input type="checkbox"/> front side <input type="checkbox"/> rear side <input type="checkbox"/> hopper (upper) <input type="checkbox"/> stacker (lower).	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c					<input type="checkbox"/> a: Characters appear blurred.	<input type="checkbox"/> a	<input type="checkbox"/> b: Characters appear crushed.	<input type="checkbox"/> b	<input type="checkbox"/> c: some parts of the characters are missing.	<input type="checkbox"/> c	ink serial no. [ ]	ABCDE ABCDE ABCDE	<input type="checkbox"/> a: Printing voids or colored spots about the size of foreign objects.	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	b, c: relatively large printing voids					d: nothing is printed.					Transferred onto film?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Large printing voids		Retransfer film serial no. [ ]					<input type="checkbox"/> Other printing defects	When requesting for repair, please also send photos of currently used cards or cards for which the symptoms can be identified.
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<b>D: card jam (feed defect)</b>  <small>Please indicate the location of occurrence on the left diagram.</small>			<b>F: IC card encoding defect</b> <input type="checkbox"/> Encoding defect occurs inside the printer. Type <input type="checkbox"/> contact <input type="checkbox"/> non-contact  <input type="checkbox"/> IC data cannot be read by another reader. Reader model [ ]  <b>G: other defects (PC communication, unstable operation, etc.)</b> <input type="checkbox"/> Communication error occurs. <input type="checkbox"/> PC does not recognize printer. <input type="checkbox"/> PC does not recognize the encoder inside the printer. Encoder <input type="checkbox"/> Magnetic <input type="checkbox"/> Contact IC <input type="checkbox"/> Non-contact IC encoder <input type="checkbox"/> Others  <small>Please enter the symptoms in H.</small>																																																													
			<small>If F and/or G is selected please also enter the following.</small>  <small>Connection between printer and PC</small> <input type="checkbox"/> USB connection <input type="checkbox"/> Network connection  <small>Software application</small> <small>Manufacturer</small> <small>Product name</small> <small>Version</small>  <small>Is the driver supplied with the printer used?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure																																																													
<b>H: Symptom description (please describe the symptoms in concrete details.)</b>																																																																
<input type="checkbox"/> Similar symptoms were observed in the past																																																																

To be entered by receiving personnel	Received on: (DDMMYY):	Repair no.	Repair classification	<input type="checkbox"/> Free	<input type="checkbox"/> Paid
<b>Contact of Personnel-in-charge</b>			<b>Secondary Dealer</b>		
Company	Department	Company	Depart		
Name	TEL	Name	TEL		FAX
Mail		Mail			