

Customer Details			Device Info.		
Company _____	Department _____		Model _____	Printer _____	
In-charge _____	TEL _____	FAX _____	Serial No. (Note 1) Printer _____		
In-charge _____	TEL _____	FAX _____	Purchase date Printer _____		
Details of Trouble (Multiple entries allowed)			Frequency of Occurrence (Multiple entries allowed)		Timing of Occurrence (Multiple entries allowed)
<input type="checkbox"/> A: Does not switch to the Ready mode. <input type="checkbox"/> B: printing defect <input type="checkbox"/> D: card jam (feed defect) <input type="checkbox"/> E: magnetic card encoding defect <input type="checkbox"/> F: IC card encoding defect <input type="checkbox"/> G: other defects (PC communication, printed image, etc.) Select one or more items from A to G by ticking the corresponding checkbox.			<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 []

Note 1) Enter the eight-digit number indicated on the label at the rear of the printer.

A: Does not switch to the Ready mode.

Printer power does not turn on. Does not proceed beyond initialization stage. Printer display []

Error occurs during initialization. Printer error message display [] Others (Enter the symptoms in H.)

B: printing defect

Characters or facial portraits appear double. a b

Bleeding occurs in the characters or facial portraits.

Streaks or wrinkles appear on the characters or facial portraits. a b c d

Printing position is not properly aligned. by mm Displaced toward front side rear side hopper (upper) stacker (lower).

a: Characters appear blurred. a b c

b: Characters appear crushed. **ABCDE** **ABCDE** **ABCDE**

c: some parts of the characters are missing.

a: Printing voids or colored spots about the size of foreign matter. a b c d

b, c: relatively large printing voids

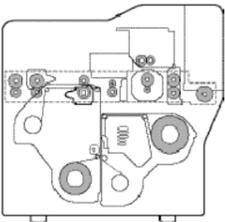
d: nothing is printed.

Transferred onto film?
 Yes No large printing voids

Retransfer film serial no. []

Other printing defects

When requesting for repair, please also send photos of currently used cards or cards for which the symptoms can be identified.

<p>D: card jam (feed defect)</p>  <p>Please indicate the location of occurrence on the left diagram.</p>	<p>F: IC card encoding defect</p> <input type="checkbox"/> Encoding defect occurs inside the printer. Type <input type="checkbox"/> contact <input type="checkbox"/> non-contact	<p>If F and/or G is selected please also enter the following.</p> Connection between printer and PC <input type="checkbox"/> USB connection <input type="checkbox"/> Network connection
<p>E: magnetic card encoding defect</p> <input type="checkbox"/> Encoding defect occurs inside the printer. <input type="checkbox"/> Magnetic data cannot be read by another reader. Reader model [] Type <input type="checkbox"/> JIS <input type="checkbox"/> ISO <input type="checkbox"/> Hidden <input type="checkbox"/> Not sure Coercivity <input type="checkbox"/> Oe <input type="checkbox"/> Not sure	<p>G: other defects (PC communication, unstable operation, etc.)</p> <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 Please enter the symptoms in H.	Software application Manufacturer Product name Version Is the driver supplied with the printer used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

H: Symptom description (please describe the symptoms in concrete details.) 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
Contact of Personnel-in-charge		Secondary Dealer	
Company _____	Department _____	Company _____	Depart _____
Name _____	TEL _____ FAX _____	Name _____	TEL _____ FAX _____
Mail _____		Mail _____	