



866-644-2236  
TOLL FREE  
HOTLINE

# REPAIR & RETURN FORM

(R&R)

## CUSTOMER INFO

Date:		Make:	
Customer Name:		Model:	
Address:		Year:	
City, State, Zip:		Turbo?	
P/O No.:		Engine code:	
Total Pieces shipped:		Vehicle VIN #	
Preferred method of return?		Transmission:	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>
Return to above address?	Yes or No	Mileage:	
Call back phone #		Circle Category:	Fuel Inj. <input type="checkbox"/> ECM <input type="checkbox"/> MAF <input type="checkbox"/>
If no - specify new ship to: <i>(customer responsible for freight)</i>		Vehicle Problems:	

## FACTORY INFO

*(customer does not write below this line)*

Part #		Core Rebuildable?	
Date Received:			
Date Shipped:			
Customer Type:	WD JBR INST RTL		

## FUEL INJECTOR TEST PROCESS

- Cleaning & Degreasing of Injector
- Resistance tested for current draw & electrical shorts
- Removal of external components-filter baskets, o-rings, pintle caps
- Ultrasonically Cleaned
- Reverse - Back Flushed
- Spray Pattern Test
- Leak Down Test
- Flow Rate Test
- Polish Injector
- Clear-Coat Injector
- Lubricate Injector
- Install all new components to include filter baskets, o-rings, pintle caps

## FUEL INJECTOR SERVICE REPORT

				REASON	
(OHMS) COIL RESISTANCE TEST:	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED	
LEAK TEST:	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED	
(F) STANDARD FLOW TEST:	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED	
(A) AUTOMATIC CYCLE TEST:	<input type="checkbox"/>	PASSED	<input type="checkbox"/>	FAILED	

QTY. GOOD: \_\_\_\_\_ QTY. BAD: \_\_\_\_\_

TESTED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_