



Distributor / OEM Customer  
Fire Suppression

Warranty Claim Form

Please consult with Globe Technologies published warranty policy prior to completing the below form. The warranty extends only to Globe Technologies Distributors and OEM customers. All claims must be submitted and channeled through the Recognized Globe Technologies OEM and/or Distributor.

**OEM / Distributor (where fusible link was purchased)**

Company: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Purchase Order No. \_\_\_\_\_ Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Installer (Who installed the fusible link)**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

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**Fire Suppression System Information**

Site Address Where Suppression System is Installed: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Hazard Application:  Restaurant  Vehicle Spray Booth  Dip Tank  Other, Please list \_\_\_\_\_

Type of Suppression System (make & model): \_\_\_\_\_

Type of Control Head (make & model): \_\_\_\_\_

Control Head Date of Mfg.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of System Installation: \_\_\_\_/\_\_\_\_/\_\_\_\_

New or Existing Installation:  N  E

Date of Last Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Repair or Maintenance: \_\_\_\_/\_\_\_\_/\_\_\_\_

(attach last inspection & maintenance report)

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**Fusible Link Information**

Fusible Link Type:  A  K  ML

Design Temperature Set Point of Link:  280°F  360°F  450°F  500°F

Other **please specify** \_\_\_\_\_



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**Fusible Link Information (cont.)**

Temperature Study Performed:  Y  N

Date of Last Temperature Study: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(attach last temperature study report. Explain in detail process used to perform this study)*

Date stamped on Fusible Link to Be Examined: \_\_\_\_/\_\_\_\_

Tension Applied on Fusible Link Line (load rate): \_\_\_\_lbs.

Was Load Rate Verification Test Performed?  Y  N  
*(if yes, please attach documentation)*

Date of System Event (release / non-release): \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial Field Assumptions (opinion): \_\_\_\_  
Please list any other pertinent information that may be relative to the event, installation, or protected zone.  
*(attach any photos and / or other information that may help in evaluating this claim)*

\_\_\_\_\_

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**For Internal Use Only**

Date of Initial Claim: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Receipt of Link Components: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is Claim Form Complete:  Y  N

Date of Claim Review: \_\_\_\_/\_\_\_\_/\_\_\_\_

Final Disposition: \_\_\_\_\_

***This form along with all the fusible link components and receipts must be sent to Globe Technologies – Att: Claim. Mailing must be completed to the below PO Box. Upon receipt a route-cause analysis will be performed. Findings will be reported back to the OEM / Distributor within two (2) to four (4) weeks of initial receipt of all requested information. Note: Incomplete forms, or lack of physical components will result in this warranty claim not being processed.***