



ORDER # \_\_\_\_\_

DATE \_\_\_\_\_

## CUSTOMER INFORMATION

Name:	Headset Serial #:
Company:	Headset Brand:
Phone:	Headset Model:
Warranty <input type="checkbox"/> Repair <input type="checkbox"/>   DUAL GA <input type="checkbox"/> U174 <input type="checkbox"/> LEMO <input type="checkbox"/> XLR <input type="checkbox"/> 1/4" TRS <input type="checkbox"/>	

## TEST REPORT (PRE SERVICE)

AIRBORNE ELECTRONICS - HTIC-5MTA TEST UNIT - SN: 2237

General Tests	Pass	Fail	ANR Tests	Pass	Fail
Transmit / Mic Check	<input type="checkbox"/>	<input type="checkbox"/>	Power Up	<input type="checkbox"/>	<input type="checkbox"/>
Receive Audio / Tone	<input type="checkbox"/>	<input type="checkbox"/>	Noise Cancelling	<input type="checkbox"/>	<input type="checkbox"/>
Mono / Stereo Check	<input type="checkbox"/>	<input type="checkbox"/>	Bluetooth Link	<input type="checkbox"/>	<input type="checkbox"/>
Volume Check	<input type="checkbox"/>	<input type="checkbox"/>	Comm Priority Check	<input type="checkbox"/>	<input type="checkbox"/>
VU Meter Read: -3/+3	<input type="checkbox"/>	<input type="checkbox"/>	DIN Switches Check	<input type="checkbox"/>	<input type="checkbox"/>
Mic/Boom/Cable Wiggle Test	<input type="checkbox"/>	<input type="checkbox"/>	Li-ion Battery Charge/Capacity	<input type="checkbox"/>	<input type="checkbox"/>

## CONDITION REPORT (PRE SERVICE)

Description	Part No.	OK	Replace	Description	Part No.	OK	Replace
Earseals (pair)		<input type="checkbox"/>	<input type="checkbox"/>	Speakers L / R		<input type="checkbox"/>	<input type="checkbox"/>
Headpad		<input type="checkbox"/>	<input type="checkbox"/>	Boom Kit / Assy		<input type="checkbox"/>	<input type="checkbox"/>
Mic Shield		<input type="checkbox"/>	<input type="checkbox"/>	Cable Assy		<input type="checkbox"/>	<input type="checkbox"/>
Microphone		<input type="checkbox"/>	<input type="checkbox"/>	Control Module		<input type="checkbox"/>	<input type="checkbox"/>

☐ Service Required / Notes:

## FINAL TEST REPORT (POST SERVICE/REPAIR)

Transmit / Mic Check ☐ Receive Audio / Tone ☐ Volume Adjust Check ☐ ANR/BT Check ☐

Notes:

☐ REPAIRS COMPLETED☐ TESTED / APPROVED (RETURN TO SERVICE)

(h) WORKSHOP LABOUR

REPAIRED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_