

Note: *Complete all fields before form submission.

Form Completed By: Name: Title:	Date Complaint Initiated: When did the problem occur? (Bottling date, test date, etc.):
Winery name: Company: Contact: Title:	Distributor (if applicable): Company: Contact: Title: Sales Rep/Contact:

1. Description/Reason for Request (check all that apply):

Information Requested Return Call / E-Mail Product Non-Conformance


Exchange of Product Compensation

2. Product Information: Sales Order Number: Distributor P.O. Number: Total Order Quantity: Number of Closures Affected by the Problem: Printed Closure: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Closure Type: Classic Green: <input type="checkbox"/> Smart Green: <input type="checkbox"/> Select Green 100: <input type="checkbox"/> Select Green 300: <input type="checkbox"/> Select Green 500: <input type="checkbox"/> Advantage: <input type="checkbox"/> Reserva: <input type="checkbox"/> SÜBR: <input type="checkbox"/> Vintop: <input type="checkbox"/> Other: _____
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3. Traceability:
 * Include exact batch information (numbers and letters)
 * List all batches involved in the problem.

Batch Number:
 Batch Number:
 Batch Number:
 Box/Storage ID Number:
 Box/Storage ID Number:
 Box/Storage ID Number:

Example: Shipping Label



Note: In the event the customer requests an analysis by an external entity, and the result of the analysis does not establish responsibility on the part of Vinventions, the customer will be responsible for the cost of the analysis.



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6. Select what type of problem did you experience:

- | | | |
|------------------------------------|-------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Delivery | <input type="checkbox"/> Mechanical Performance | <input type="checkbox"/> Mixed Product Ink |
| <input type="checkbox"/> Shipping | <input type="checkbox"/> Dimensional Variation | <input type="checkbox"/> Loss/Printing |
| <input type="checkbox"/> Quantity | <input type="checkbox"/> Color Variation | <input type="checkbox"/> Sensory |
| <input type="checkbox"/> Packaging | <input type="checkbox"/> Contamination | <input type="checkbox"/> Chamfer Defect |
| <input type="checkbox"/> Labeling | <input type="checkbox"/> Visual Defects | <input type="checkbox"/> Other: _____ |

7. Description of problem (please provide detailed information, add pictures and notes if possible):

8. If the problem is performance related, Section 11 must be marked "YES" and following information be provided:

Proportion

- Failure rate (Out of total corcs used, how many failed?)

Bottling Conditions

- What type of bottle was used?
- What type of wine was bottled?
- What was the wine and air temperature when bottling?
- What kind of bottling equipment was used(make/brand/model)?
- Number of heads per corker machine?
- What was the bottling line speed (bottles/min)?
- What was the compression diameter used on the corker jaws?
To measure compression, preferably use diameter pin gauges or calipers. First unscrew (remove) the plunger, then activate (jog) the corker until jaws are fully compressed and proceed to measure the diameter of the compression from the top of the jaws. If using calipers measure several times around the circumference and provide an average.
- Were there any adjustments made to the line or the process which helped mitigate the problem? Please specify:

Storage Conditions

- What was the storage condition of the closure? (outside warehouse, climate controlled room, etc.)?
- What was the air or ambient temperature in the closure storage location?
- Were different closures used to remediate the problem? If yes, name type/manufacturer and give dimensions of the closures?

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9. Special Requests:

10. Product to be Returned:

Closures: YES NO

11. Samples sent to Vinventions:

Closures: YES Quantity: _____ NO

Bottles: YES Quantity: _____ NO

Please specify other documents or information if you feel will be helpful.

12. Preferred Form of Communications?

E-Mail response YES NO

Mail YES NO

Specific customer CAR report YES NO
(please attach report)

Other: _____ YES NO
(please specify)

Send samples and product to:

Vinventions LLC
Attn: Quality Manager
400 Vintage Park Drive, #120
Zebulon, NC 27597 USA

Fax or E-mail Completed Form to:

E-Mail:
Quality Support - US
qualitysupportus@vinventions.com

Fax:
+1-919-269-3200

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