



Cartridge-Problem Report Form

Please give us information about yourself and how to contact you directly:

Name: _____ Date: _____

Title: _____ Phone number: _____

Company: _____ Email: _____

Additional contact: _____ Phone number: _____

Please fill in as many fields as possible to aid us in troubleshooting your problem.

Please give us information about your problem:

Statement of Problem (*Please be specific. Attach data or test report if available*):

When did the problem first appear? _____

Has anything changed in your process? (be specific) _____

What percentage of cartridges has this problem? _____

What percentage of dots is affected? _____

How many dots are placed before the problem occurs? _____

How long have the cartridges been open before the problem occurs? _____

Please give us information about the cartridges, ink and wafer surface:

Cartridge Type: _____

Filament Size (if DM-1 or DM-1.25) _____

Teflon Tube Size (if DM-2 or DM-2.3) _____

Ink Type: _____ Batch # (s): _____

Date Received: _____ Expiration Date: _____

Storage Temperature: _____ Ink Color: _____

Wafer Surface Chemistry (passivation type): _____

Please give us information about your inking/curing process:

Ambient inking temperature: _____ Chuck temperature: _____

Controller PSI (DM-2 only): _____

Controller dot size setting (DM-2 only: min-mid-max, etc): _____

How long does it take to test one wafer? _____

Dot size or range required: _____ Dot speed (dots/sec): _____

How long after inking do wafers wait to be cured? _____

Drying/Curing cycle temperature and time (degrees/minutes): _____

Normal dot-count per cartridge: _____

How often are cartridges changed? _____

Please give us information about your inking set-up:

Inker/Holder type: _____ Model # (if known): _____

Prober Type: _____ Tester Type: _____

Type of Inking (in-line, off-line, post-probe): _____

How many probe/inking stations use the configuration described above? _____

How many probing/inking stations have this problem? _____

Email completed form to sales@xandex.com