

Class: PRC  
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Prepared by: TPN  
Approved by: CLU



## Standard Service Request Procedure

### Record of Changes

Description	Rev	Date
Released. Replaces 795154-AT	A	2017-03-15
Changes in Section #2, #3, #4, #5 and #7 descriptions	B	See footer

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CM:

2017-07-10

## 1 Introduction

When assistance from Terma (or a Terma service partner) is needed, typically for preventive or corrective maintenance, alignment, tuning or warranty replacement, a service request is issued.

This procedure provides a systematic guide to the customer, explaining the process of obtaining and correctly filling out the Service Request Form and sending it to Terma for handling.

## 2 The Procedure

1. Download Service Request Form no. 795154-FA from <http://www.Terma.com>. The form is found in the "Support & Services" section of the website.
2. Upon download, complete the 7 sections of the form as follows (see *Annex A* for section references):

### Section #1: Customer Information

Project / Customer: Identification of project and/or customer  
Site / Vessel / System: Site, vessel or system of concern  
Customer Ref: Customer reference  
Terma doc no: Leave blank (for Terma internal purposes)

### Section #2: Description of requested service and error repeatability/impact indication

- a. Description of the service requested (describe the task that Terma is requested to address).
- b. If the request relates to operational error or default, please indicate the error repeatability and impact on system operation and provide all information available that could help during failure analysis: Error messages, operating conditions, operating pattern etc. as well as suspected cause if any. If applicable, describe actions that have been taken to identify incident root cause.

Use attachments such as photos or log file extracts that may be of help to the Terma service organization.

### Section #3: Equipment to be serviced

Identify the equipment or system that is affected by the service request. Add more lines if necessary.

Part No: Part number as printed on the equipment  
Serial No: Serial number as printed on the equipment  
Rev: Part revision as printed on the equipment  
Remarks: Remarks for the part, if applicable

Indicate system name instead of part information if that is of more relevance.

### Section #4: Request Handling Urgency

Indicate the urgency of having the described service(s) delivered (from a customer perspective).



Section #5: Severity

If the request for service concerns an error or defect, indicate the severity of the error or defect (from a customer perspective).

Section #6: Attachments

Indicate the total number of files attached to the service request (log files, photographs etc.) and the total number of pages accumulated for all attachments. Also briefly describe the content of all attachments if file names cannot uniquely identify the content.

Section #7: Submitter information

Service request submitted by:	Name of the service request submitter
Title:	Title of the service request submitter
Phone number/Email:	Contact information of the service request submitter
Local point of contact:	Name of the local point of contact if other than submitter. The local point of contact will be contacted if additional technical details are necessary.
Title:	Title of the local point of contact
Phone number/Email:	Contact information of the local point of contact.
Date:	Date of service request submission

3. Upon completion of the Service Request Form, please email the form along with any relevant attachments to support@terma.com. Our Operations Center will then ensure that the request is handled and supply a proposal (if relevant) and a proposed time schedule for the implementation of the requested service.



### Annex A Service Request Form

<b>TERMA<sup>T</sup></b> ALLIES IN INNOVATION		<b>SERVICE REQUEST</b>		
Hovmarken 4 T +45 8743 7000 DK-8520 Lystrup F +45 8743 6001 Denmark E support@terma.com		Project / Customer:	Customer Ref:	
		Site / Vessel / System:	Terma doc no:	
A) Service Request description B) Error repeatability and impact (if relevant)				
A.	(describe the requested service: Training, Preventive/Corrective Maintenance, Consultancy etc.)			
B.	(If the service request concerns a system error or defect that requires corrective attention, describe the error/defect including consequences to the system. If applicable, describe actions that have been taken to identify incident root cause)  (add photos etc. if necessary)			
<b>Equipment to be serviced:</b> <i>Identify the affected equipment/system(s)</i> <i>Insert more lines if applicable</i>	Part No:	Serial No:	Rev:	Remarks:
	Part No:	Serial No:	Rev:	Remarks:
	Part No:	Serial No:	Rev:	Remarks:
	Part No:	Serial No:	Rev:	Remarks:
<b>Request Handling Urgency:</b>	<input type="checkbox"/> Very Urgent	It is critical that the requested services are planned and delivered right away, high priority		
	<input type="checkbox"/> Urgent	The requested services should be planned and delivered without undue delay		
	<input type="checkbox"/> Not Urgent	The requested services should be planned within a reasonable time frame and delivered according to standard availability		
<b>Severity:</b> <i>Only applicable if error or defect</i>	<input type="checkbox"/> Risk of Injury	The incident causes a hazard for potential personal injury, for example electrocution		
	<input type="checkbox"/> Mission Critical	The incident is a show stopper for the operation of the system. Example: A core component is not operating which leaves the system out of service		
	<input type="checkbox"/> Major	The incident has an impact on major and critical parts of the system but is not mission critical. Example: Performance is significantly degraded but all functions are working		
	<input type="checkbox"/> Minor	The incident has an impact on non-critical parts of the system. Example: One out of many operator positions is out of operation		
	<input type="checkbox"/> Trivial	The incident has no impact on the operation of a system but is inconvenient to the user. Example: A flickering monitor		
<b>No. of attachments:</b> Total number of pages attached:		<b>Description of attachments:</b>		
Incident report submitted by:		Title:	Phone number / Email:	Date:
Local point of contact (if other than above):		Title:	Phone number / Email:	