



## Cartridge-Problem Report Form

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

**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: \_\_\_\_\_

Prober Setting- Ink Pulse Width (mS): \_\_\_\_\_

Prober Setting- Delay Time/Time Between Inking (mS): \_\_\_\_\_

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](mailto:sales@xandex.com)