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