

Datenerfassung „Hub Unit“ Data Input Sheet “Hub Unit”



SAF Meldungsnr. SAF Report no.	
-----------------------------------	--

Bitte beachten! / Please note!

- Die folgenden Daten sind zur Bearbeitung der Reklamation notwendig.
The following data are required for processing of the complaint.
- SAF benötigt die Messwerte unbedingt vor Beginn der Reparaturarbeiten.
The measured values must be supplied to SAF before the start of the repair.

Fahrzeugeigentümer / Vehicle Owner

Firma Company			
Straße Street			
PLZ / Ort Post code / Town		Land Country	
Nachname Surname		Vorname First name	
Telefon Telephone		Fax Fax	
E-mail E-mail		Internet Internet	

Kippspiel Prüfung / Wheel Rock Test

	Serial-Nummer / Serial number	Links / Left	Rechts / Right
1. Achse 1 st axle		mm	mm
2. Achse 2 nd axle		mm	mm
3. Achse 3 rd axle		mm	mm
4. Achse 4 th axle		mm	mm
5. Achse 5 th axle		mm	mm

Fettaustritt (nach SAF Vorgabe) Grease Escape (to SAF Specification)

	links / Left		Rechts / Right	
	Ja / Yes	Nein / No	Ja / Yes	Nein / No
1. Achse 1 st axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Achse 2 nd axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Achse 3 rd axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Achse 4 th axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Achse 5 th axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Radlagergeräusch Prüfung (raues oder mahlendes Geräusch) Wheel Bearing Noise Test (rough or grinding noise)

	Links / Left		Rechts / Right	
	Ja / Yes	Nein / No	Ja / Yes	Nein / No
1. Achse 1 st axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Achse 2 nd axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Achse 3 rd axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Achse 4 th axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Achse 5 th axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>