SI.RJEC-15 07/2025

SALTRONIX, INC. Industrial Service Center	1401 E. 2nd St. Odessa, TX 79761-5454 www.saltronix.com	Ph: (432) 334-6002 Fax: (432) 334-6011

RUSH JOB

No Estimates Given

Equipment Check-In Form

Date:	**PO #**
Bill To	**Ship To** ☐ Billing Same as Shipping
Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____ Email: _____	Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Automatically insured for value of unit and service. Decline Insurance of Equipment: ☐ Yes ☐ No

Rush Fees are **in addition** to the regular certification price. These are charged **PASS or FAIL** and are nonrefundable. **24hr - $250/per unit** **48hr - $150/per unit** **72hr - $75/per unit**	Select Rush Service Turnaround: **24hr / 48hr / 72hr** Date / Time Promised: _____ Notes: _____ _____ Completed By: _____

Unit	**Separate Pickup**	☒
1. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
2. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
3. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
4. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐

Total Units: _____
Page ____ of ____

Sign: _____
Print: _____

5. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
6. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
7. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
8. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
9. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
10. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
11. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
12. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
13. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐
14. **Mfr:** _____ **Model:** _____ **SN:** _____ **2nd Unit - Model :** _____ **SN:** _____ Notes: _____ Accessories: _____ ☐ Repair ☐ Certification	Date: ___/___/'25 Name: _____ Initials:	☐