PROCEAN®

REPARAIR/MODIFICATION FORM

	REP 3800-6-2021	**to be filled out by Procean**
MAKE		
SERIAL NUMBER		
SIZE		
SUIT		
COLOUR		
NAME		
ADDRESS		
E-MAIL		
TELEFON NUMBER		
ACESSORIES		to be filled out by Procean
INLET VALVE	YES ☐	NO ☐
OUTLET VALVE	YES ☐	NO ☐
PEE VALVE	YES ☐	NO ☐
WRISTSEAL	QC-1 ☐	QC-2 ☐ LATEX ☐ ☐ SILICON
NECKSEAL	QN ☐	LATEX ☐ ☐ SILICON
DRYSUIT BAG	YES ☐	NO ☐
BOOTS		

DESCRIPTION
REPAIR/MODIFICATION

To determine the right size;
* wrist circumference at smallest point
* neck circumference at smallest point
* shoesize/length foot

1. RECEIVED LEEK ; _____ 2. SEND TO OEM ; _____

WARRANTY ; YES NO

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