

# Subject: start up form

\* Mandatory field

## Addressee

NOVA SIDERA METAL FORMING  
Service Dept.  
Mr. Alessandro Tasso  
Phone: +39 0141/204815  
Fax: +39 0141/204218  
E-mail: [service@novasidera.com](mailto:service@novasidera.com)  
Mobile: +39 335 216038

## Applicant

Company .....  
Address. ....  
City, Province.....  
Phone .....  
Fax .....  
Contact person.....  
E-mail .....

On-site commissioning .....  
Address. ....  
City, Province.....  
Phone .....  
Fax .....  
Contact person.....

## Machine reference

Machine type .....  
Serial No .....

## Activity reference

Duration of operation .....  
Start date .....  Presumed  Certain  
Service report to Applicant  Yes  No  
Entry permission required  Yes  No  
**Art. 7 D.Lgs 626/94 richiesto** Yes

**The machine is ready for the commissioning and all the procedures required have been concluded.**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Date

\* Signature

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**RESERVED FOR NOVA SIDERA METAL FORMING**

- \* Customer invoicing code .....
- Material Supply File .....
- Sales file .....
- \* Support file .....
- \* Business terms .....
- \* Commissioning .....
- \* Other activities .....
- Spare parts .....

**\* Transfer of costs**

- Customer
- Manufacturer
- This Dept.
- Other

Issuing department manager .....

Date

\* Authorised signature

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**SERVICE**

Notify the Customer  Yes  No

\* Operation to be carried out on: .....

Signature .....