CHS SERVICE REQUEST FORM

SECTION A
PRODUCT INFORMATION

1. **PRODUCT:** _____
2. **1ST SERIAL NUMBER** _____
3. **2ND SERIAL NUMBER** _____
4. **CUSTOMER PO #** _____
5. **CALIBRATION?**   YES ☐   NO   *IF YES TO #5, SKIP TO PART E*

   NOTE: CUSTOMER MUST PROVIDE ACCURATE DETAILS OF THE ITEMS THAT WILL BE SHIPPED FOR SERVICE OR DELAY MAY OCCUR.

SECTION B
SERVICE REQUEST DETAILS

6. **IS THE MALFUNCTION REPRODUCIBLE?**   YES ☐   NO ☐   N/A ☐
7. **IS THE MALFUNCTION INTERMITTENT?**   YES ☐   NO ☐   N/A ☐
8. **HAS THE UNIT BEEN ISOLATED DOWN TO SPECIFIC MALFUNCTION?**   YES ☐   NO ☐   N/A ☐
9. **DETAILS**: _____
   _____

10. **MALFUNCTION IDENTIFIED DURING:**

    REPAIR ☐   INSPECTION ☐
    SET UP ☐   PATIENT PROCEDURE ☐
    CLEANING ☐   OTHER (SPECIFY): _____

11. **ANY ENVIRONMENTAL SAFETY CONCERNS? (SMOKE, OVERHEATING, ETC.)?**   YES ☐   NO ☐

12. **HAS THE DEVICE/INSTRUMENT'S FAILURE RESULTED IN PATIENT/USER HARM:**

    YES ☐   NO ☐   *(if injury/death/delay complete page 2)*

SECTION C
CUSTOMER DETAILS

REQUESTED BY (NAME): _____   **DEPARTMENT:** _____
PHONE NUMBER: _____   **EMAIL:** _____
HOSPITAL NAME: _____
CUSTOMER ID: _____

CHS INTERNAL USE ONLY

TROUBLE SHOOT SOLUTION: _____
_____

FOLLOW UP QUESTIONS: _____
_____
_____

ESTIMATED REPAIR COST: _____

CHS SERVICE REQUEST FORM

SECTION D EVENT DETAILS

(ONLY COMPLETE THIS SECTION IF YES TO SECTION B.12.)

1. **HAS THE DEVICE FAILURE RESULTED IN:** INJURY ☐ DEATH ☐ DELAY ☐ OTHER ☐ (SPECIFY):

   _____
   _____

SECTION E **PATIENT INFORMATION**

2. **PATIENT NAME:** _____

3. **AGE:** _____

4. **GENDER (M/F):** MALE ☐ FEMALE ☐

5. **WEIGHT:** _____

6. **HOW WAS THE EVENT RESOLVED?:**
   _____
   _____

7. **HAS THE DEVICE BEEN REMOVED FROM USE?**
   _____
   _____

8. **HAS THE DEVICE BEEN REPLACED WITH ANOTHER DEVICE?** YES ☐ NO ☐

9. **IF YES TO D.8. WHAT WAS THE NEW DEVICE?**
   _____
   _____

10. **WHAT TYPE OF PROCEDURE WAS BEING PERFORMED?**

    _____
11. **WAS THE PROCEDURE COMPLETED AS PLANNED?**
    _____
    _____

12. **WERE THERE ANY ALTERNATIVE OPERATIONS?**
    _____
    _____

REPORTER INFORMATION (IF DIFFERENT FROM SECTION C)

REQUESTED BY (NAME): _____ **DEPARTMENT:** _____

PHONE NUMBER: _____ **EMAIL:** _____