

REQUEST FOR SERVICE

To help expedite service on your equipment, please return a completed copy of this form with the equipment and keep a copy for your records.

Customer Information	Customer Billing Info:
Facility Name:	Facility:
Contact Person:	Address Line 1:
Department:	Address Line 2:
Phone #:	City:
Email:	State: Zip:
Return Shipping Information	AP Email Address:
Facility Name:	
Contact Person:	PO #:
Phone #:	
Email:	Preapproved: Ves No.
Department:	Lla to C Amount:
Address Line 1:	
Address Line 2:	Special Requests
City:	Loaner Requested: Yes No
State: Zip:	Loaner Provided: Yes No
Shipping Method:	Expedite Repair: Yes No
Account #:	Other:
Equi	oment Information
Equipment Type:	
Model:	Carial #·
Equipment Problem Details: (For Image related pro	
Legalphient Problem Details. (For image related pro-	olems, please provide copy of picture)
Equipment being returned to CSS for any reason /r	opair convice DM atc.) must follow the regulations of the OSLIA
	epair, service, PM, etc.) must follow the regulations of the OSHA
Bloodborne Pathogen Standard 29 CFR 1910.1030	This states that all medical devices must be decontaminated
Bloodborne Pathogen Standard 29 CFR 1910.1030 (cleaned, disinfected, and/or sterilized) according to	This states that all medical devices must be decontaminated the Operating and Maintenance Manual for that device.
Bloodborne Pathogen Standard 29 CFR 1910.1030 (cleaned, disinfected, and/or sterilized) according to lf the device is unable to be decontaminated for an	This states that all medical devices must be decontaminated the Operating and Maintenance Manual for that device. y reason (failed leak tests, missing components, etc.) it MUST be
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(initial) prior to shipment.





time. Consortia Surgical Services is dedicated to the safety of our customers, shipping partners and employees.

The accompanying medical equipment has been cleaned ______ (initial) and disinfected, or sterilized ______

