

# CLAIM FORM

No. \_\_\_\_\_

Date \_\_\_\_\_

Company name		
Contact person		
Duty position		
E-mail		
Phone number		
Product name		
Serial number		
Approximate operating time		
Do you think that the defect is the fault of the operator?	yes	no
Detailed description of failure (pls. attach photos if available)		

Please choose desired service type

- service center repair, manufacturer provide damaged components (spare parts) and maintenance guidance (service manual);
- Biosan technical service department repair (return the device to Biosan\*).

\*The device will be accepted for repair only if

1<sup>st</sup> Requirement you have received preliminary confirmation about product return.

2<sup>nd</sup> Requirement the certificate confirming its safety is provided.  
Please prepare the certificate according to the sample in Appendix 1.

**Note!** Biosan cannot accept the product for repair without two requirements mentioned above.

Please complete this Claim form and send it to Biosan by e-mail: [qc@biosan.lv](mailto:qc@biosan.lv) or by fax: +371 67428101.

# CERTIFICATE

CONFIRMING A SAFETY OF THE DEVICE

If the device has been used with toxic, corrosive, flammable, etc. materials, it is necessary to clean or to neutralize the inner device surfaces which have been exposed to the hazardous materials in order to avoid operator contact.

Customer name: .....

Product name:.....

Application with following materials  
.....

Specify if the material:

- may contain infectious materials;
- toxic;
- poisonous;
- flammable;
- may contain radioactive elements.

Performed:

- test of the device interior confirming the absence of indicated material contamination;
- cleaning of the device interior and neutralization of hazardous contamination.

We confirm that the returned device is not dangerous to human health and an environment.

Date: .....Signature:.....

Seal