

# RMD *Instruments, LLC*

## NAVIGATOR Service Sheet

### Purpose

This Service Sheet may be completed by a customer for service by RMD of an Explorer or Navigator system. The following information is needed by RMD Instruments, LLC, which is the manufacturer of the system.

### RMA Number

\_\_\_\_\_ After a customer asks a sales specialist for service, this number is assigned by RMD and given by the sales specialist to the customer.

### Certificate of Cleanliness

\_\_\_\_\_  yes \_\_\_\_\_  no

We here at the hospital certify that the system has been decontaminated in accordance with the hospital's normal procedures and the sterilization procedure described in the RMD operating/service manual.

### What is wrong, or what is desired to be done.

\_\_\_\_\_ RMD understands the system may not be working properly or that you want us to check the system out. Please give an even more explicit reason for sending the system to RMD.

### Name of Sales Specialist

\_\_\_\_\_

### Purchase Order with Sales Specialist

\_\_\_\_\_  yes \_\_\_\_\_  no

In most cases, a service purchase order should be set up between the customer and the RMD sales representative before the system is sent for service.

### Hospital Name

\_\_\_\_\_

### Copy of service sheet inside shipping box

\_\_\_\_\_  yes Place one copy of this service sheet inside the shipping box when the system is shipped.

### Copy of service sheet outside shipping box

\_\_\_\_\_  yes Place one copy of this service sheet outside the shipping box when the system is shipped. This identifies the system when received at RMD. Thank you.

### Status


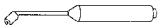
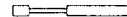



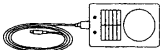

Please contact your representative indicated with the above RMA number for further status of this service.


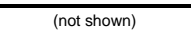
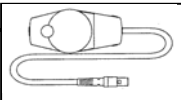
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# CUSTOMER PACKING LIST

RMD RMA number \_\_\_\_\_

**Instructions:** At the hospital, the person who packs the items for shipment should complete the column "Hospital Shipping". Record each item that is shipped. Use two sheets if necessary. Include a copy of this page with shipment. Keep a copy of this page as part of your record of what was shipped.

Name of person that completed this form _____	Signature of the person that completed this form _____	Telephone _____	Date form completed _____
<b>COMPONENT</b>	<b>HOSPITAL SHIPPING</b>	<b>RMD RECEIVING</b>	<b>RMD SHIPPING</b>
Navigator Control Unit  <small>Two models are shown. Indicate color: red, orange, yellow, green, blue, purple, white, gray, or black.</small>	Record the serial number or the lot number of each item that is shipped.  _____ (record serial number)  _____ (record color )	_____ by _____ date	Record serial number or lot number of items that are shipped.  _____ by _____ _____ date  _____ (record serial number)  _____ (record color )
Probe 	_____ (record serial number)	<input type="checkbox"/> (verify)	_____ (record serial number)
Probe <small>( if a second probe is included )</small> 	_____ (record serial number)	<input type="checkbox"/> (verify)	_____ (record serial number)
Cable for probe 	_____ (record lot number)	<input type="checkbox"/> (verify)	_____ (record lot number)
Cable for probe <small>( if a second cable is included )</small> 	_____ (record lot number)	<input type="checkbox"/> (verify)	_____ (record lot number)
Battery Pak 	_____ (record lot number)	<input type="checkbox"/> (verify)	_____ (record lot number)
Battery Charger 	_____ (record lot number)	<input type="checkbox"/> (verify)	_____ (record lot number)
Line Cord for charger 	<input type="checkbox"/> (check if included)	<input type="checkbox"/> (verify)	<input type="checkbox"/> (check if included)
Operating Manual	<input type="checkbox"/> (check if included)	<input type="checkbox"/> (verify)	<input type="checkbox"/> (check if included)
miscellaneous  _____ (describe)	_____ (describe)	<input type="checkbox"/> (verify)	_____ (describe)

Power Probe Device 	_____ (record serial number)	<input type="checkbox"/> (verify)	_____ (record serial number)
Power Probe Collimator 	<input type="checkbox"/> (check if included )	<input type="checkbox"/> (verify)	<input type="checkbox"/> (check if included)
Power Probe Cable <small>(not shown)</small>	_____ (record lot number)	<input type="checkbox"/> (verify)	_____ (record lot number)
Power Probe Module 	_____ (record serial number)	<input type="checkbox"/> (verify)	_____ (record lot number)

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