Repair ticket

Flexible Endoscope
EMOS®

1E

emos technology

Servicenummer: _____	Gültig ab: 23.01.2024	Freigabe Nathalie Faschian	Revision B
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Dear Customer,
to ensure your request the fastest possible, please describe the reason for the repair as precisely as possible.

Address (stamp if necessary)

Name: _____

Street: _____

Postal code, City: _____

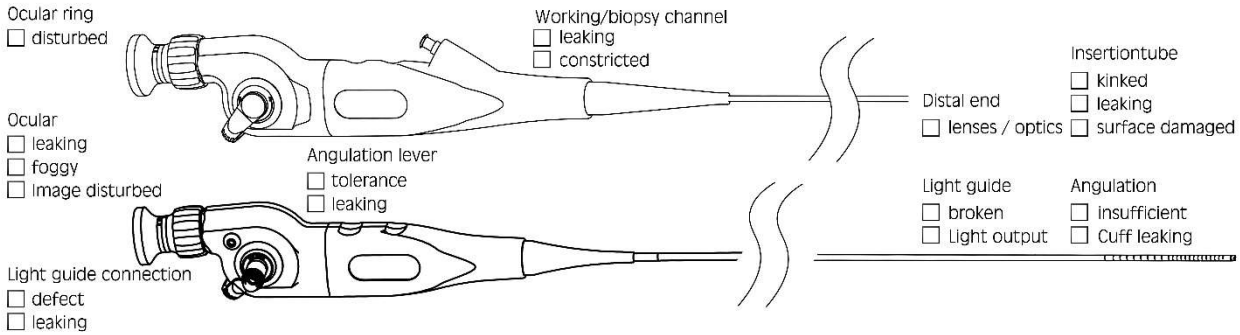
Device type

Manufacturer: _____

Type/Art.-No.: _____

Serial number: _____

Flexible Endoscope *(please tick applicable defect)*



Remarks / Error description

_____

_____

_____

Saftey information for the protection of employees

Decontamination certificate *(please mark with a cross)*

In the Medical Device Law Implementation Act (MPDG) and in the reprocessing of healthcare products (DIN EN ISO 17664) contain various legal requirements for the reprocessing of used medical devices. Since these medical devices can be a source of infections in humans, proper and professional reprocessing of these medical devices is an indispensable must.

☐ Yes, the product is manually disinfected. Name, employees: _____

☐ Yes, the products is mechanical disinfected. Batch-No.: _____

☐ No, the product is not disinfected*. Reason: _____
Please mark on the outer package that device is contaminated!

I hereby confirm the accuracy of all information:

Name: _____ Date: _____ Signature: _____

Thank you very much for your assistance!
Your EMOS - Team