

FIELD MAINTENANCE REPORT



Customer Care

IMPORTANT! Return this form to InfiMed, CustomerCare Dept.,121 Metropolitan Drive, Liverpool, New York 13088

Distributor	Start Date	End Date
Site Name	Phone #	Fax #
City	State	Zip
Country	Warranty <input type="checkbox"/>	Non Warranty <input type="checkbox"/>
Model Type	Unit S/N	Modem #

<p>Describe Complaint / Failure</p> <p>Include as much detail as possible</p>	
<p>Describe Repair / Action</p> <p>Include as much detail as possible</p>	
<p>List All Components Replaced (use chart next Page)</p>	

FIELD MAINTENANCE REPORT



Customer Care

ORIGINAL COMPONENT

REPLACEMENT COMPONENT

Part Name	Part #	S/N

Part Name	Part #	S/N

Signed _____
Service Engineer

Date _____
(mm/dd/yy)

Signed _____
Customer Representative

Date _____
(mm/dd/yy)