

# Customer-Complaint-Report

Please fill in and send with every service case

## Reporting person

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Name:

Organization:

Tel. No. / E-Mail:

Date:

Case report: *Short description*

## Affected medical device

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**MIRUS™** Serial number:

Gas type:  ISO  SEVO  DES

LOT No. MIRUS Reflector:

LOT No. MIRUS Filter:

Log files:  Yes  No Download link:

**Bottle Adapter**

Type:  BA-ISO-K  BA-SEV-K  BA-SEV-Q  
 BA-SEV-SV  BA-SEV-PCC  BA-DES-D

LOT-Nr.:

**ARKON** Serial number:

PDMS: *Bitte genaue Angabe (Modell und Modul)*

**Clean Air™** Serial number:

Type:  ORS-CA-01  ORS-CA-02  ORS-CA-04

Used adapter:

Connected ventilator: *Please specify (Manufacturer, S/N, Type, Ventilation mode)*

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## Details of the process

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Date of occurrence:

Date of notification:

Incident location (address):

Contact person on site:

Patient injury:  Yes  No

If yes, please describe:

Reported to authority:  Yes  No

If yes, please describe:

Other remarks:

I hereby confirm the accuracy of the information I have provided: \_\_\_\_\_