

Customer Response Form

URGENT FIELD SAFETY NOTICE FSN-POZ-001-2022

Reference: Arjo Sara Plus lift – Risk of ignition

Our records indicate that you may have one or more Sara Plus floor lift(s) within your facility (ies) assembled or serviced with an affected HMX1350-1 PCB (Printed Circuit Board).
Please verify if you have any of the listed devices (table on page 2) and complete the information below.

Record the total number of affected Sara Plus floor lift(s) currently located at your facility here → ____.

Please mark the appropriate boxes below:

- We have read the Field Safety Notice and we understand the communication and the required actions.
Please provide information where the affected devices are physically located now.

Field Safety Notice Receipt and Customer Response Form Completion

Current Facility Name			
Contact Name / Title			
Full Address			
City, State/Province, Zip/Post Code			
Phone Number		Fax:	
E-Mail Address			
Signature		Date:	

- We have sold/moved our Sara Plus floor lift(s) to another facility.
If marked: please provide new facility information below.

New Facility Name			
Contact Name / Title			
Full Address			
City, State/Province, Zip/Post Code			
Phone Number		Fax:	
E-Mail Address			
Signature:		Date:	

We have decommissioned our Sara Plus floor lift(s) permanently.

Signature:		Date:	
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PLEASE RETURN YOUR COMPLETED FORM TO:

MAIL

<local SSU address line 1>
 <local SSU address line 2>
 <local SSU address line 3>
 <local SSU address line 4>

CONTACT

<contact address>@arjo.com
 Tel: <SSU contact phone number>
 Fax: <SSU contact fax number>

Affected Arjo Sara Plus floor lifts at your facility:

Or

SERIAL NO.	FACILITY		ROOM / FLOOR / WARD
	CURRENT OR NEW (mark a correct one)		
<XXXX>	CURRENT	NEW	
<YYYY>	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	