

SERVICE CENTER REGISTRATION FORM - Section I**Date:** _____**Facility:** _____**Telephone:** _____**Mailing Address:** _____**FAX:** _____**E-Mail:** _____**Contact Personnel for:***(Please print names & phone numbers)***Communications** _____**Technical Support** _____**Please answer the following questions:**1. Is your facility currently acting as a service center for servicing and repairing electronic equipment?

2. How long has your service center been established? _____

3. How many technicians are on staff? _____

4. Please indicate the name and location (city and state) of the hospital, school, or institute where your technicians received their training and the type of training they received. (Example: Torrance Memorial Hospital, Torrance, CA USA- trained on Electrocardiographs)

_____5. What type of medical equipment do you service? (Please list types) _____

6. Do you have the following equipment that may be used in servicing Medicaid Inc. Pulse Oximeters?

| | |
|---|---|
| Anti-static Work Station and equipment <input type="checkbox"/> Yes <input type="checkbox"/> No | Multimeter <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Variable voltage DC power supply with Amp meter <input type="checkbox"/> Yes <input type="checkbox"/> No | 44 pin PLCC chip extractor tool <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Regular & Phillips screwdrivers <input type="checkbox"/> Yes <input type="checkbox"/> No |

SERVICE CENTER REGISTRATION FORM - Section II**DOCUMENTATION RECORD**

Facility: _____

- A. Please list all Service Center personnel who have been trained in the servicing of Medicaid Inc. Pulse Oximeters according to current Medicaid Inc. procedures and policies provided in the Service Guides and User Manuals listed in Part B.

Technician's Name *(please print)***Date Trained****Signature**

| Technician's Name <i>(please print)</i> | Date Trained | Signature |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
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| | | |
| | | |

Use additional pages if necessary and indicate here the number of attachments:

- B. Current documentation on file at this facility:

| Title | Version (or Revision) # |
|--|--------------------------------|
| <i>Service Guide for the 300 Series Pulse Oximeter</i> | |
| <i>Service Guide for the Model 400 Pulse Oximeter</i> | |
| <i>Model 300 Series User's Manual</i> | |
| <i>Model 340-Vet User's Manual</i> | |
| <i>Model 400 User's Manual</i> | |
| <i>Pulse Oximeter Parts/Price List (All Models)</i> | |
| <i>Other (specify)</i> | |

I, the undersigned, affirm that the information I have provided in Sections II and III of this Registration Form is true.

Name/Title *(please print)*: __________
Signature_____
Date

SERVICE CENTER REGISTRATION FORM - Section III

Facility: _____

WARRANTY AGREEMENT

The “Mediaid Inc. Limited Warranty” for Mediaid Inc. Pulse Oximeters will be extended to this Service Center provided that:

- 1. The Service Center maintains the physical and procedural working environment specified in the Service Guides and additional documentation provided by Mediaid Inc.*
- 2. Servicing is limited to and performed according to the Service Guides and additional documentation.*
- 3. Documentation and records specified by Mediaid Inc. will be completed for all service work.*

I, the undersigned, agree to the above conditions and affirm that our service technicians have received and read the documentation and instructions that are listed in the document, Mediaid Inc. Service Center Policies. I understand that these conditions must be met before our Service Center may complete any authorized servicing of Mediaid Inc. Pulse Oximeters.

Name/Title (please print): _____

Signature **Date**

FOR MEDIAID INC. USE ONLY

Date Registration Rec'd _____ Documentation Complete? Yes No Service Center Approved? Yes No

Approved by: Name (please print) _____

Signature **Date**