

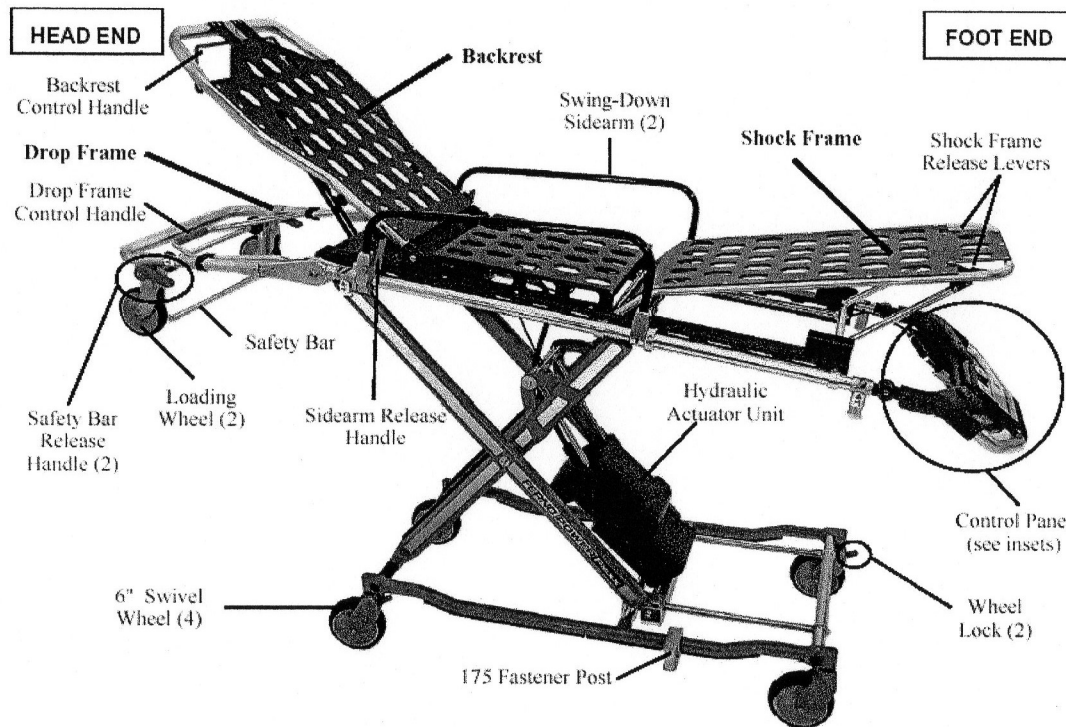
POWERflexx EQUIPMENT REPAIR REQUEST

COT #/SN: _____ VEHICLE #: _____ REPLACEMENT COT #/SN _____ REPORTING DATE _____

PERSON(S) SUBMITTING REQUEST: _____ DATE OF INCIDENT: _____

BRIEF DISCRPTION OF THE ALLEGED PROBLEM/FAILURE **: _____

CIRCLE THE AREA/PART THAT NEEDS REAIR:



**** INCLUDE WHAT THE ALLEGED PROBLEM IS, WHERE YOU WERE/WHAT YOU WERE DOING - LOADING/UNLOADING, TYPE OF TERRAIN, PATIENTS/EQUIPMENT WEIGHT AND HOW WAS THE PATIENT LAYING AND WHAT WERE THEY DOING. ANY INJURY TO CREW/PAITIENT**

IF AN INJURY OCCURRED, CONTACT FERNO-WASHINGTON AS SOON AS POSSIBLE