



# Service Return Form

You may fill out this form on your computer or print a copy to complete by hand.  
Print one copy for your records, and one copy to include with your instrument(s).

▶ Your Instrument's Serial #(s) \_\_\_\_\_

▶ List accessories included in shipment: (Required accessories notated with \*)

**Quantifit/FitTester 3000**

- Tube Assembly\*
- Power Cord
- Printer
- Trigger Button\* or Squeeze Bulb\*
- Adapters (Kit #'s: \_\_\_\_\_)
- Other: \_\_\_\_\_

- Vinyl Pouch
- Computer Cable
- Keyboard

**Noise Instruments**

- doseBadge Mounts
- Windscreens
- AC Adapter
- Carry Case
- Keyfob

**Audiometers**

- Headphones\*
- Bioacoustic Simulator\*

NOTE: We are not responsible for non-OHD accessories shipped with service units.

▶ Reason for return:

- Warranty
- Calibration
- Repair/Other

▶ Payment Information (This section must be completed in order for us to service your instrument):

- Warranty Repair       Pre-Paid Calibration
- Purchase Order# \_\_\_\_\_ Maximum Amount Authorized: \_\_\_\_\_  
We **do** require a copy of your purchase order.  
Purchase order copy is:     Enclosed       Being Mailed       Being Faxed
- Credit Card: Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CID: \_\_\_\_\_

▶ Describe any known problems: \_\_\_\_\_

▶ Before/After Data Needed?  Yes     No    (Additional charges will be applied)

Please note: Requiring an estimate before work delay service return time.

**Billing Address**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Shipping Address:** ( check here if same as billing)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**To expedite your repair:**

- ❖ Please include a copy of this form when shipping your instrument.
- ❖ It is required that one Service Return Form be completed for each unit (Except for doseBadge Kits).
- ❖ Terms are net 30 days OAC. **No RMA number is required.**

**Return equipment, billing information and all correspondence to:**

**Occupational Health Dynamics**  
 2687 John Hawkins Parkway | Hoover, AL 35244  
 Phone: (888) 464-3872 | Fax: (205) 980-5764