

FIELD ALERT INFORMATION COLLECTION FORM



Explanatory Notes:

1. A field alert is:
 - a. Any information relating to equipment supplied by Shonaquip and cause a risk to the patient OR
 - b. A customer complaint.
2. All forms must be submitted to the Production Manager.
3. All fields on the Form must be completed. No partially completed forms will be accepted.

Sales Order Number:		Device Serial Number:		Date Logged:	
Contact Details: (Name, Address, Tel #, Email Address)					
Private Client/Hospital/Centre (Mark with an X)	Private client	Hospital	Centre	Name of Hospital/Centre	
Quantity of affected devices (if applicable):		Department Submitting the Report:			
Nature of Field Alert or Customer Complaint being submitted:					
If client complaint, action required by client					
Date:		Name:		Signature:	
FOR OFFICE USE ONLY: NATURE OF ISSUE: (Mark with an X)			Non-conformance	Warranty	Customer complaint

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