

FIELD ALERT INFORMATION COLLECTION FORM



Explanatory Notes:

1. A field alert is:
 - a. Any information relating to equipment supplied by Shonaquip that causes a risk to the client OR
 - b. A customer complaint.
2. All forms must be submitted to the Clinical QMS.
3. **All fields on the Form must be completed. No partially completed forms will be accepted.**

Sales Order Number:		Device Serial Number:		Date Logged:		
Client Name:						
Client Contact Details: (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):		Person Submitting the Field Alert:				
Nature of Field Alert or Customer Complaint being submitted:						
Date:				Signature:		
FOR OFFICE USE ONLY: NATURE OF ISSUE: (Mark with an X)				Non-conformance	Warranty	Customer complaint

Approved by: Gugulethu Bonga

Date: 07/02/2025

Signature:

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