

Receipt Form

FIELD SAFETY NOTICE: Ref No. 000016 - Date: 11th February 2013

Re: OXFORD ADVANCE HOISTS - Manufactured prior to July 01st 2010 (Pre- S/No: 1007L0001)

- Joerns Healthcare requires you to acknowledge that you have received and understood the important safety information contained within the above Field Safety Notice (FSN 000016).
- It is important that you complete both section of this form and return a copy to Joerns Healthcare via letter, e-mail or fax.
- Joerns Healthcare has a commitment to notify the MHRA of its customer's fulfilment to successfully complete the required actions within FSN 000016.

Section A (Please complete :)

Name of Dealership or Service Provider: _____

Address: _____

_____ Post Code: _____

I, NAME IN CAPITALS , acknowledge receipt of the FSN000016.

- All information within the FSN has been communicated to relevant associates within our organisation.
- Copies of this FSN have also been forwarded to third party care homes, hospitals, private addresses etc that we have supplied this product to and who may have to organise their own LOLER service maintenance schedules of the Advance product.

Section B (In respect of this product, I am the: - carer, partner, relative, friend, dealer etc)

The following Advance Hoists have been scheduled to be serviced to FSN000016 in their next LOLER visit:

SERIAL NUMBER/S _____

Location of Hoists (Care Home, Hospice, and Private Home address etc)

Name: _____

Address: _____

_____ Post Code: _____

Form completed by: (Print): _____

Signature: _____ Date: ___/___/2013

Please return to: michelle.meaney@sunrisemedical.com.au