DOA / WARRANTY REPORT
Our goal is 100% quality.
Your completed information **in detail** helps us identify issues to achieve this goal.

Ship Exchange Part to:
Radiology OneSource, Inc.
604 Fessey Park Rd., Nashville, TN 37204

615.423.7231
debbie@radiologyonesouce.com
parts@radiologyonesource.com

Return Goods Authorization # EX -_ **Issue Date:_____**

Customer

Company		Contact		Dept	
Address		Phone		Fax	
		Email			
City		State		Zip	
PO#		Exchange Due Date		Outright Upcharge	
Tracking		Invoice #		Date	
Item		Part #		Serial #	
DOM		Warranty		Disposition	
Notes		Weight		Dimensions	

EXCHANGE PART INFORMATION

Please state the problem with the exchange part being returned.

Tracking		Date Received		DOM:	
Item		Part #		Serial #	

Problem with this part:

For internal use only

RMA #		Restocking fee		Credit amount	
Issued by		Return rec'd on		Credit issued by	
Issued on		Return rec'd by		Credit issued on	
Good until		Action		Replacement sent	

Revised 17 May 2023

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Engineer's Report

System part was installed on: _____

Date part was installed: _____ Date part failed: _____

Engineer Name/Phone/Email: _____

Has the replacement part number ordered, including revision, been confirmed to be the correct part?

Referring to the **part originally installed prior to being replaced with our part,** please complete the **Original Product Details** in the section below.

Item	_____	Part #	_____	Serial #	_____
DOM	_____	Comment/Revision/Etc	_____		

What was the cause of the failure of the <u>initial part</u> that is being replaced? _____

The following refers to the part supplied by Radiology OneSource Inc.:

Please take detailed photos of screen shots showing failures and of parts placement/failure result to include with this form.

Describe the steps taken to install the replacement part: _____

_____

Describe the problem(s) encountered when the replacement part was installed: _____

_____

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Describe the steps taken to resolve the problem(s) encountered after the replacement part was installed:

_____

_____

Was technical support requested when the problem was encountered? Yes ___ No ___

If yes, who provided technical support?

_____

_____

Were other parts also replaced? Yes ___ No ___

If yes, please explain.

_____

_____

Please provide any other details you believe may be helpful in identifying the issue with the replacement part.

_____

_____

Is this part now damaged? Yes ___ No ___