



Doc Ref 101 Issue 4	<h1>Replacement Validation</h1>		CRM No
			Date
Customer:		Customer Order No:	
Contact Name:		Phone No:	
		Fax No:	
Address for Correspondence:		Delivery Address: (If different)	
Invoice Address: (If different)		Instrument Serial No & Model:	
Description of Fault:			
Service Conditions: (COSHH statement)		Cleaning Undertaken: (Mandatory for inspection)	
Hazardous to Health:	Yes	No	
Required Delivery Date:			
Any Variation to the Original Specification Required: (If an exact replacement unit is required please leave blank)			
Is an Inspection Report Required? (See notes below)		Yes	No
Agreed Cost: (Completed by PSM)		Agreed by:	
Authorised Signature:		Name in Block Capitals:	
This signifies acceptance of PSM terms & conditions of supply. An abridged version should accompany this form PSM doc ref 106. PSM's full policy Doc ref 102 is available on request.		Position:	
<p>NO WORK WILL BE UNDERTAKEN UNTIL THIS FORM IS COMPLETED AND RETURNED TO PSM.</p> <p>UNLESS AGREED BY PSM THE ORIGINAL UNIT MUST BE RETURNED AND MUST REFERENCE THE RVN NUMBER.</p> <p>PSM's policy where possible is one of repair by replacement at standard rates equivalent to 50% of current list price.</p> <p>The original unit will be inspected only if specifically requested above.</p> <p>Such inspection, reporting and subsequent repair will require additional work which is likely to result in higher costs.</p> <p>Inspection and Reporting will also increase the delivery time.</p> <p>All costs are exclusive of shipping</p>			