

ECRI Institute's User Experience Network™

Problem Reporting Form

Please complete sections 1 through 3 below and on the reverse side. Additional sheets or supporting materials may be attached, if necessary. Paper reports may be submitted to ECRI Institute by mail or fax. Reports can also be submitted electronically by completing the online form available at www.ecri.org/problemreport or through the members Web pages at www.ecri.org. In addition, ECRI Institute accepts reports submitted by e-mail (problemreport@ecri.org) or by telephone. (However, we do ask that telephone reports be followed by a completed form.)

1. Personal and Institutional Identification (Confidential)

The identity of the reporting individual or institution will not be revealed without your permission.

Name: _____ Date: _____

Title: _____

Department: _____

Institution: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

May we identify you to the manufacturer and/or supplier of the device(s) involved? Yes No

Alternate contact:

Name: _____ Telephone: _____

2. Device Identification

Please be as specific as possible.

Device type (e.g., defibrillator): _____

Manufacturer and model (e.g., ABC Co., Model XYZ): _____

Serial/Lot No.: _____ Expiration/Use Before date: _____

How long in use?: _____ Date last inspected or serviced: _____

If requested, will you send the affected device to ECRI Institute for examination? Yes No

Were other devices involved? (If yes, please identify on reverse side.) Yes No

Are other units of the same model similarly affected? Yes No

3. Problem Description

Please use the reverse side of this form or separate sheets to describe the problem in detail.

Date problem occurred: _____

Did the described problem result in injury? Yes No No, but could Unknown

