

TAYLOR SURGICAL INSTRUMENTS PTY.LTD.

STANDARD OPERATING PROCEDURE SOP 43-2 Rev 3

Repair Request Form

Date: _____ Sales Rep: _____

Facility Name: _____

Delivery Address: _____

Manufacturer: _____ Model Number: _____ Serial Number: _____

☐ Flexible Endoscope

☐ Rigid Endoscope

☐ Other Equipment : Specify: _____

Please describe problem or work required to be carried out: _____

Name: _____ Phone: _____

Email: _____ Pre-Approve \$: _____

Please Disinfect All Equipment Prior To Shipment.

Equipment has been wiped down and disinfected?

☐ Yes

☐ No

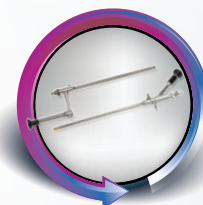
Equipment has been sterilised?

☐ Yes

☐ No



Flexible Endoscopes



Rigid Endoscopes



Instrument Identification Systems-
Liquid, Plug and Bar code Systems



Power Equipment



Surgical Cameras