

## Customer Response Form

### URGENT FIELD SAFETY NOTICE FSN-POZ-001-2021

**Reference: Arjo medical beds assembled with IndiGo module – Risk of electrocution**

Our records indicate that you may have one or more Arjo medical bed(s) within your facility (ies) assembled with IndiGo Intuitive Drive Assistance.

Please verify if you have any of the listed devices (table on page 2) and complete the information below.

**Record the total number of beds assembled with IndiGo module currently located at your facility here → \_\_\_\_.**

Please mark the appropriate boxes below:

- We have read the Field Safety Notice and we understand the communication and the required actions.  
**Please provide information where the affected devices are physically located now.**

**Field Safety Notice Receipt and Customer Response Form Completion**

<b>Current Facility Name</b>			
<b>Contact Name / Title</b>			
<b>Full Address</b>			
<b>City, State/Province, Zip/Post Code</b>			
<b>Phone Number</b>		<b>Fax:</b>	
<b>E-Mail Address</b>			
<b>Signature</b>		<b>Date:</b>	

- We have sold/moved our Arjo medical beds assembled with IndiGo module to another facility.  
**If marked: please provide new facility information below.**

<b>New Facility Name</b>			
<b>Contact Name / Title</b>			
<b>Full Address</b>			
<b>City, State/Province, Zip/Post Code</b>			
<b>Phone Number</b>		<b>Fax:</b>	
<b>E-Mail Address</b>			
<b>Signature:</b>		<b>Date:</b>	

We have decommissioned our Arjo medical beds assembled with IndiGo permanently.

<b>Signature:</b>		<b>Date:</b>	
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**PLEASE RETURN YOUR COMPLETED FORM TO:**

**MAIL**

<local SSU address line 1>  
 <local SSU address line 2>  
 <local SSU address line 3>  
 <local SSU address line 4>

**CONTACT**

<contact address>@arjo.com  
 Tel: <SSU contact phone number>  
 Fax: <SSU contact fax number>

**Arjo medical beds assembled with IndiGo module at your facility:**

SERIAL NO.	FACILITY		ROOM / FLOOR / WARD
	CURRENT OR NEW (mark a correct one)		
<XXXX>	CURRENT	NEW	
<YYYY>	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	
	CURRENT	NEW	