



Field Service Report

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| Customer details | |
| Account: OSR. SARTO BONO | Contact person: |
| Address: VIA MARCO POLO 6 | |
| Postal code/ City: 80122 NAPOLI | Country: ITALY |

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| Measurement equipment used | Serial number |
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| Visit information | |
| Reason for visit: TRBADMILL D.D.N.T WORK | |
| Product: C-MILL | Serial number: TH003-00-0082 |
| Work performed by: MAN SACCHETTI | Working for Company: A CACTIS |
| Visit completed on: 18/06/24 | Hours worked: |
| Description of work: SERIAL IBC FILE FOR CORRECT GM CALIBRATION, FUNCTIONAL CHECK. | |

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| Customer's remarks and approval | |
| Remarks and post market surveillance: | |
| Date: | 18/06/24 |
| Customer name: | OPERA DE CRISTINA |
| Customer's signature: | <i>[Signature]</i> |

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| Tested modified parts of the configuration according to the CAT? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> |
| Tested the safety circuit? | Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> |
| Tested the electrical and grounding circuit? | Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> |
| Visual check electrical and ground wiring? | Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> See attached measurement report according to IEC 62353. |
| * If one of the above tests is not applicable please specify why: | |

¹ Copy the applicable tests from the CAT for the product to the field service report and fill out the results to document that the product was left in good order after the repair

² Electrical and grounding circuit test is required:

a : When component with line-voltage is disconnected and reconnected

b : When during mechanical maintenance a grounding wire is disconnected and reconnected

³ Required in case electrical testing of electrical and grounding circuit is NA



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| Customer Name: Osp. Santobono Pausilipon Address: Via Mario Fiore 6 City/Country: 80129 Napoli Italy Contact: _____ Tel: _____ E-Mail: _____ | | Sales / Service Partner Name: a circle spa Address: Via Ferrara 21 City/Country: 40018 San Pietro in Casale Contact: Ivan Sacchetti Tel: _____ E-Mail: _____ | |
| Device Information Device Serial Number: L60163 <input checked="" type="checkbox"/> Lokomat (L6, LK, L5) <input type="checkbox"/> Erigo (ER4, ER3) <input type="checkbox"/> ArmeoPower (AP) <input type="checkbox"/> ArmeoSprung (A03, AO, AO PE) <input type="checkbox"/> Andago 2.0 (AN) | | Overall Operating Hours: 15345 AD: 27635 PE: 131564 Service Request Number: _____ | |
| Service Contract <input type="checkbox"/> Warranty <input type="checkbox"/> Advanced <input type="checkbox"/> Performance <input checked="" type="checkbox"/> Value <input checked="" type="checkbox"/> None | | | |
| Reason for Service Order <input checked="" type="checkbox"/> Corrective Maintenance <input type="checkbox"/> Preventive Maintenance <input type="checkbox"/> Device Move <input type="checkbox"/> Inspection Work Controller Error | | | |
| Work at Customer Date: _____ Initials: LS Accomplished: CHANGED CONNECTION BOX FUNCTIONAL CHECK | | | |
| Parts Exchanged / Traceability <input type="checkbox"/> No parts exchanged <input type="checkbox"/> Preventive maintenance parts (See PM report) Date: _____ Initials: _____ Date: _____ Initials: _____ | | | |
| New Parts: Qty: 01 Item No. 25741 Description: CONNECTION BOX DRIVERS Serial / Batch No. 3713 | | Old Parts: Qty: 01 Item No. 25741 Description: CONNECTION BOX DRIVERS Serial / Batch No. 831003 | |
| Comments / Pending Points / Confirmation: _____ _____ _____ | | | |
| Customer: ORTEGA DE CARRASCO Date: 18/06/24 Signature: <i>[Signature]</i> Technician: Ivan Sacchetti Date: _____ Signature: _____ Initials: _____ | | | |
| Invoicing <input type="checkbox"/> Invoice sent Date: _____ Initials: _____ | | | |
| Archiving <input type="checkbox"/> Service Order closed, scanned, and placed in device Logbook Date: _____ Initials: _____ | | | |