



**CUSTOM  
ULTRASONICS  
INC.**

## HARD DISK REPLACEMENT FORM

ALL INFORMATION MUST BE COMPLETED  
FAX COMPLETED FORM TO (215) 364-7674  
PHONE (215) 364-1477 WITH QUESTIONS

CONTACT NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SYSTEM 83 PLUS™ INFORMATION:

REASON FOR DISK REQUEST: FAILED HARD DISK DRIVE.

SYSTEM 83 SERIAL NUMBER:  (Found on plate near power cord on back of unit)

NUMBER OF PROCESSING CHAMBERS (BAYS)  1 --  2 --  3 --  4

PROGRAM VERSION (From the opening screen simultaneously press the "Alt" and "X" keys. The DOS prompt will then show one of the following numbers):

C:\CU013003  C:\CU071097  C:\CU090396  
 \_\_\_\_\_ (other – please specify)

PRESS THE SMALL RECTANGULAR BUTTON ON THE FLOPPY DRIVE,

DOES A FLOPPY DISK POP OUT?  Yes  No

DOES YOUR SYSTEM 83 Plus HAVE OUR HARD DRIVE/DATABASE OPTION NOW?:  Yes  No

\*HIGH LEVEL DISINFECTANT NAME: \_\_\_\_\_

\*REQUIRED DISINFECTANT IMMERSION TIME \_\_\_\_\_ MIN

#### CHOOSE ONE

- 14 Day 2% Glut.  OPA Product  
 Other \_\_\_\_\_ (Describe)

DOES YOUR SYSTEM 83 Plus HAVE OUR TEMPERATURE CONTROL OPTION?:  Yes

(Check "YES" **ONLY** if you have 2 small thermometers visible in the lower right hand corner of the monitor screen during System operation.)

No (If No, Temp listed cannot Exceed 20 °C/ 68°F)

\*REQUIRED IMMERSION TEMPERATURE: \_\_\_\_\_ F or \_\_\_\_\_ °C ¶  **TEST CYCLE PERFORMED(req.)**  
PRINT OUT VERIFICATION MUST BE ATTACHED

\*REQUIRED # OF RINSES AFTER DISINFECTION CYCLE ---  2 or  3

IS THE RECOMMENDED TERGAL BEING USED? Yes  Or Other  Detergent Name \_\_\_\_\_

DO YOU HAVE AUTOMATIC DETERGENT INJECTION ? :  Yes  No

\*QUANTITY OF DETERGENT USED IN EACH WASH CYCLE ? : \_\_\_\_\_ OZ

\* NOTE: **Always indicate the chemicals type, immersion times and temperatures you are intending to use.** Custom Ultrasonics, Inc. does not endorse any chemical germicide. Any chemical germicide chosen is the sole responsibility of the facility placing the order for the program disk. The customer must follow the label claim of the chosen germicide and published guidelines. **CU must confirm via FORM 7.40.**

**DETERGENTS OTHER THAN TERGAL MUST BE VALIDATED BY USER/ FACILITY FOLLOWING MFG.GUIDLINES.**

SHIP BY:  Next Day Air  Second Day Air  UPS Ground

**Purchase Order#** \_\_\_\_\_ (Part # 26014) Consult Price list for pricing

PERSON PREPARING FORM: \_\_\_\_\_

CONTACT PHONE NUMBER –**IMPORTANT** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Print Name: \_\_\_\_\_ DATE: \_\_\_\_\_

(of person making request)

Programming completed by: \_\_\_\_\_ Programming confirmed by: \_\_\_\_\_ Ship Date: \_\_\_\_\_

NEW HDD SN: **Required** \_\_\_\_\_

¶ NOTE: TEST CYCLE PRINT OUT VERIFICATION MUST ACOMPANY THIS FORM TO DHR FILE.

Prepared By: Signature on file

Approved By: Signature on file

QA Release: Signature on file