

Model:
 Serial Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Hand Piece 1S/N: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Hand Piece 2S/N: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
PURCHASE DATE: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Breakdown Date: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Before action the device was: in use / out of use

Customer Name:
 Address:

 City:
 Charge to:
CONTACT PHONE NUMBER:

Quote needed: Yes/No Provided date: |_|_|_| |_|_|_| |_|_|_| Client acceptance date: |_|_|_| |_|_|_| |_|_|_|

It is important that all parts including hand pieces, heads, keys and electrical cords MUST come back always without exception. Please list parts included with device/ machine

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TRANSPORT METHOD SELECTED:

Client to arrange Youth Beauty to arrange Personal Drop off or pick up - please specify

Please tick the squares (yes/no) and give as much information as possible

Problem description:

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Cause:

.....

DEFECT DESCRIPTION	YES	NO	Comments
Is there an error code?			
Is the defect random or permanent?			
Is there any abnormal noise?			
Are the lights turned on when the incident happens?			

DEFECT APPEARANCE – When did the defect occur?	YES	NO	Comments
After the first start			
After replacement of the hand piece			
After replacement of the filtering cartridge or the tank water			
After moving the instrument			

During the warm up			
<input type="checkbox"/> Immediately			
<input type="checkbox"/> After a few seconds			

After the start up			
<input type="checkbox"/> In pause mode			
<input type="checkbox"/> Leaving pause mode			
<input type="checkbox"/> After a long time without use			

During the selection of phototype/hair parameters			

During the treatment			
<input type="checkbox"/> After pushing the button of the hand piece			
<input type="checkbox"/> Is there a flash?			
<input type="checkbox"/> The defect appeared after how many flashes?			
<input type="checkbox"/> With which parameter?			
<input type="checkbox"/> Did the 'ready' light turn on?			

Which applicator did you use?			
<input type="checkbox"/> Hair removal			
<input type="checkbox"/> Photo - rejuvenation			

Environment			
Room Temperature	Much lower	Ambient 25 °C	Much higher
Is the instrument earthed?		YES	NO

TECHNICIAN TO COMPLETE:

Action:

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.....
.....
.....

Parts Replaced			
Description	Reference	S/N of the defective model	S/N of the new model

After action the devise is: in use/ off

Technical Services:

_____ Hours at \$ _____/Hr = \$ _____.

Date: _____

Person who tested:

Comments:

Sign:

Date: