

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		CLAIM FOR DAMAGE TO AN ELECTRONIC PRODUCT (See Instructions on Reverse)	
I. COMPLETED BY CLAIMANT			
NAME AND MAILING ADDRESS (Include Zip Code)			
I hereby request \$ _____ for damage to my _____, make _____, Model Number _____, Serial Number _____, which was damaged during Food and Administration testing on _____, 19____.			
SIGNATURE		DATE	
II. COMPLETED BY FOOD AND DRUG INSPECTOR			
I affirm that the _____ listed above, with a (repair/replacement) value of \$ _____, was (damaged/damaged beyond repair) in my presence during an official test under the provisions of Public Law 90-602.			
NAME, ORGANIZATION, AND ADDRESS (Print)		SIGNATURE	
		DATE	
III. COMPLETED BY IMMEDIATE SUPERVISOR, EMPLOYEE OR REPRESENTATIVE			
I affirm that the above employee or representative was on official government business when this claim for damage arose.			
NAME AND TITLE (Print)		SIGNATURE	DATE
IV. COMPLETED BY OFFICE OF COMPLIANCE AND SURVEILLANCE, CENTER FOR DEVICES AND RADIOLOGICAL HEALTH			
COMMON ACCOUNTING NUMBER		CDRH CLAIM NUMBER	
COMMENTS:			