

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		CLAIM FOR DAMAGE TO AN ELECTRONIC PRODUCT (See Instructions on Reverse)	
<b>I. COMPLETED BY CLAIMANT</b>			
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	
<b>II. COMPLETED BY FOOD AND DRUG INSPECTOR</b>			
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	
<b>III. COMPLETED BY IMMEDIATE SUPERVISOR, EMPLOYEE OR REPRESENTATIVE</b>			
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
<b>IV. COMPLETED BY OFFICE OF COMPLIANCE AND SURVEILLANCE, CENTER FOR DEVICES AND RADIOLOGICAL HEALTH</b>			
COMMON ACCOUNTING NUMBER		CDRH CLAIM NUMBER	
COMMENTS:			