

Attachment D

Form FD-2766 Claim for Damage to an Electronic Product

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION	CLAIM FOR DAMAGE TO AN ELECTRONIC PRODUCT <i>(See instructions on Reverse)</i>	
I COMPLETED BY CLAIMANT		
NAME AND MAILING ADDRESS (include Zip Code) 		
I hereby request \$ _____ for damage to my _____, make _____, Model No. _____, Serial No. _____, which was damaged during Food and Drug 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.		
PRINTED NAME, ORGANIZATION, AND ADDRESS	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		
PRINTED NAME AND	SIGNATURE	DATE
IV COMPLETED BY OFFICE OF COMPLIANCE, CENTER FOR DEVICES AND RADIOLOGICAL HEALTH		
COMMON ACCOUNTING NUMBER	CDRH CLAIM	
COMMENTS 		

FORM FD 2766 (1/93)