

GM 18/8/18

Checklist product return-shipments for complaints of Bürki products (QHB 08a4-12EN)

To handle all forms of product returns the following points need to be filled in and documents need to be send in a completely manner (see below):

These requirements base on the ongoing changing EU legislations since the year 2016, which are mandatory in the EU territory and in Switzerland. Uncomplete deliveries need to be send back by us.

1. Full name and address, incl. contact person (incl. phone. & e-mail)

2.	Name of signee:	
3.	Product description, -type, inclusive LOT nr	
Mand	atory requirements for all returned products (acc	ording the FII & Swiss-laws) are:
Mand •	atory requirements for all returned products (acc product must be cleaned, relevant protocol/pro	
Mand • •	product must be cleaned, relevant protocol/pro product must be steriled, relevant protocol/pro	of added,
Mand • •	product must be cleaned, relevant protocol/pro	of added,
Mand • •	product must be cleaned, relevant protocol/pro product must be steriled, relevant protocol/pro	of added,
•	product must be cleaned, relevant protocol/proproduct must be steriled, relevant protocol/procomplete address added	of added,
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Com 4.	product must be cleaned, relevant protocol/proproduct must be steriled, relevant protocol/procomplete address added plaint management Detailled description of the occurenmoe (when, processe time & date)	of added, of added,
Com 4.	product must be cleaned, relevant protocol/proproduct must be steriled, relevant protocol/procomplete address added plaint management Detailled description of the occurenmce (when,	of added, of added,



what (detailled description)					
how					
where					
			_		
5. Any dam	ages to	person	s?		
	no	yes	Number of	Specify indiviuall damage	Is the person with
			persons	of all damaged persons	damage retraceable
			(all)		within the institution?
Patient					
(anonymised)					
Personell					
Third parties					

Yes

6. Were immediate actions necessaire?

no



7. Were follow-up actions necessaire?	Yes	no
s, describe in detail		
3. Did the occurence lead to any delay of the orw wesentlichen Verzögerung des regulären OP-	dinary OR procedure -Ablaufes geführt?	? Hat der Vorfall zu
3. Did the occurence lead to any delay of the orw wesentlichen Verzögerung des regulären OP-	dinary OR procedure -Ablaufes geführt? Yes	? Hat der Vorfall zu no
wesentlichen Verzögerung des regulären OP-	-Ablaufes geführt? Yes	
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wesentlichen Verzögerung des regulären OP-	-Ablaufes geführt? Yes	
wesentlichen Verzögerung des regulären OP-	-Ablaufes geführt? Yes	
8. Did the occurence lead to any delay of the orwesentlichen Verzögerung des regulären OP- es, describe in detail the ordinary proceure versus the	-Ablaufes geführt? Yes	



9. Re-steriled instrume	ents: Quantity of resterilisation	on cycles (incl. protocols) □	
10. Description of the clea	aning process, including the clea	eaning agent	
Date of the last validation of t	he cleaning process		
11. Description of the ster	rilisation process		
Date of the last validation of t	he sterilisation process		
Please add copies of all ce	rtifications.		
In case the involved product(external costs.	s) are not from Bürki, Bürki rese	serves it's right to carry back the interna	al and
place and date	signature & com	mpany stamp	



Bürki inno med AG, Industriestr. 67, Widnau, Switzerland GM, 26.8.2018

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<u>Decla</u>	aratio	to the status of the hygiene and decontamination of returned products
Article	descr	tion:
Article	-nr./Rl	
Lot nr.	.:	
Hereb	y I/we	onfirm that attached product(s) fulfil all requirements (mark with a cross)
		tamineted product containes potentially infetious material, contaminants or irmaceutical substances:
	ty	of contamination:
	ex	lanation:
		oduct was packed according ADR 2.2.62.1.5.9 (ADR: Accord européen relatif au transport onal des marchandises Dangereuses par Route from Sept. 30th, 1957), or according the instruction CDR.
	Tł	following measures for risk reduction were undertaken:
		the product was drained and purged, the surfaces are dry and the openings are secure from leak.
		Cleaning according the manufacturer's instructions
		Disinfection Disinfection agent
		Residence time:
		Sterilisation employed procedure:
		Residence time:
		contamination with potentially infectious material, contaminants or pharmaceutical stances
Date:	_	Signature :
Name	of sig	ee in printing:
Telepl	hon:	E-Mail:
Name	& Add	ess-stamp of sending institution: