

RETURN MATERIAL AUTHORIZATION (RMA)



In order to track and expedite the service process, a RMA form must accompany all equipment returned for service. **Complete the steps below, and place the form in the shipping case with the equipment.**

1. **Request a RMA Number:** Contact BI Customer Business Service at 800.241.5178 option 2 or visit www.bi.com to submit a request online.
2. **Complete the RMA Form:** Include the RMA number on the form, and make a copy of your completed form for your records.

AGENCY INFORMATION (where BI Incorporated should return repaired/replaced equipment)

RMA #: _____ Date: _____
Agency Name: _____ Agency #: _____
Address: _____
Contact Name: _____ Phone: _____
Email: _____ Fax: _____

PRODUCT INFORMATION

Serial Number(s): _____

Check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Will not call in | <input type="checkbox"/> False tampers | <input type="checkbox"/> Calibration due | <input type="checkbox"/> Requires testing/updates |
| <input type="checkbox"/> No GPS | <input type="checkbox"/> Battery low, failed | <input type="checkbox"/> No power up, no lights | <input type="checkbox"/> Return to stock/excess inventory - see page 2 |
| <input type="checkbox"/> Missed callback | <input type="checkbox"/> Will not charge | <input type="checkbox"/> Case/client damage | <input type="checkbox"/> Failure analysis - must complete info on page 2 |
| <input type="checkbox"/> Strap tamper | <input type="checkbox"/> Return abscond | <input type="checkbox"/> Requires maintenance | <input type="checkbox"/> Other _____ |

Check accessories included:

- | | | | | | |
|---|--------------------------------------|----------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Adjustable strap | <input type="checkbox"/> Fixed strap | <input type="checkbox"/> Buckle | <input type="checkbox"/> Phone jumper | <input type="checkbox"/> Phone cord | <input type="checkbox"/> Power supply/transformer |
| <input type="checkbox"/> Distribution box | <input type="checkbox"/> Unit cable | <input type="checkbox"/> Battery | <input type="checkbox"/> Power jumper | <input type="checkbox"/> Power cord | <input type="checkbox"/> Battery charger |

3. **Pack Equipment:** Pack all equipment including any accessories and installation kits (i.e. power, phone, and charger cords) in a cardboard box with the original RMA form. Please leave the straps, batteries, clips, and rails on the unit. **Handwrite the RMA number or affix a label with the RMA number on the exterior of the box.**
4. **Ship Equipment:** Use a FedEx label to ship equipment to BI Incorporated, 6265 Gunbarrel Avenue, Suite B, Boulder, CO 80301.

NOTE:

- Shipments arriving at BI will not be accepted without a completed RMA form and the pre-authorized RMA number printed on the exterior of the package.
- Any units exposed to **BIOHAZARD** risks such as TB, HIV, MRSA, or Hepatitis, must be returned in a securely enclosed, watertight bag, and then placed in a second securely enclosed, watertight bag. Label the second bag as **BIOHAZARD** and include the unit's serial number.
- Product Service Policy: For non-warranty customers, BI will fax a letter stating the assessment with an accurate invoice amount for the repair. A minimum \$50 per unit charge will be applied for all non-warranty equipment returned for estimate, even if no repair is authorized.

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Failure Analysis (FA) Requests

BI will complete a FA request for one of the following reasons:

- To determine any client-related damage and the associated costs for restitution purposes
- To validate the functionality of the equipment for revocation/court hearings

Complete the following information to assist with a timely and thorough FA:

Reason for FA request: _____

Incident Date: _____ Incident Time: _____

Number of Occurrences: _____

Will the agency seek restitution for client-related damage? Yes No

If the FA response is part of a revocation/court hearing, by what date is it required? _____

Was the unit replaced? Yes No

If yes, is the new unit working as expected? Yes No Replacement unit serial #: _____

Is this a replacement unit? Yes No

If yes, provide the original unit serial #: _____

Excess Inventory Returns Only

Include the serial numbers below for units being returned for excess inventory.
