

Botetourt County Radio Communications

**Equipment Failure
Return /Repair Form**

(To be completed by Radio coordinator or authorized representative at the time of drop-off)

Drop off date: ___/___/___ Agency: _____

Radio Coordinator for your agency: _____ Phone: _____

Person dropping radio off: _____ Phone: _____

Make/Model: _____ ID Number (etched in case) _____

Serial Number: _____ o-Portable o-Mobile o-Pager o-Other _____

Problem: (check all that apply)

(RADIOS) o-Radio does not work at all o-Reception is poor o-Cannot hear calls from other radios (RX-problem)

o-Your calls cannot be heard in other radios (TX-Problem) o-Problem is intermittent o-Corrupt QE-2 Board

(PAGERS) o-Error Message on Screen o-Won't alert o- Poor Reception

o-Other _____

Accessories included at time of drop-off:

o-Antenna o-Clip o-Battery o-Speaker microphone o-Serial port cover

o-Other _____

County Employee receiving equipment _____

Date transferred to ProComm: ___/___/___ _____

(Authorized ProComm signature)

(To be completed by County representative ProComm)

Date repaired equipment returned to County: ___/___/___ Received by: _____

Description of the problem discovered/repair done _____

(To be completed by agency's Radio coordinator or authorized representative at the time of pick-up)

Date returned to agency: ___/___/___

I have tested this radio (or equipment) and find the repair satisfactory. I have checked the serial number and all accessories to ensure that I am receiving the same radio and the correct number of accessories as listed above.

(Authorized Signature)

(Printed)