

## Preparing Your Kirby Lester Device for Shipment - United States Customers

Thank you for working with Capsa Healthcare's Kirby Lester Support to have your device repaired and refurbished. Please take great care in preparing your Kirby Lester device for transit. Follow the steps below for United States-based customers.

1) Contact Kirby Lester Support:

- a) We will ask you to perform simple trouble-shooting before sending your device in. Cleaning-related issues are the cause of most problems.
- b) Kirby Lester will determine if it is under warranty.

**Important Notice:** Any device covered under warranty or service contract having a cleaning-related issue only, will be assessed complete cleaning, inspection and return shipping/handling charge as follows: \$300 for KL20 and KL30, \$200 for all other devices.

2) Documentation and Payment:

- a) Complete the Inbound Repair Form below explaining the problem.
- b) If your device is NOT under a warranty or service contract, payment will need to be held in advance of service work being performed.**
- c) Keep a record of the serial number(s) and a copy of the Inbound Repair Form.

3) What Will Be Performed:

- a) The Kirby Lester flat rate repair price includes a comprehensive 12-step service process. Our technicians will take meticulous care during the diagnostic, cleaning, repair and final testing process. Failed, failing, or out-of-spec components will be replaced with new components and calibrated to our new product specifications.
- b) Our goal is to have your Kirby Lester device returned to you as quickly as possible.

4) Shipping:

- a) Use the original box and inserts that your device came in. We recommend that you obtain a new box and inserts from Kirby Lester if you don't have the original.
- b) If you choose not to use a Kirby Lester box and inserts:
  - i) Use large-cell bubble wrap and ship in a sturdy, well-sealed cardboard box.
  - ii) **Do not** use wadded-up paper or Styrofoam peanuts that will compress in transit.
- c) Consider shipping insurance (insurance will not cover a device that is not properly packed).
- d) Kirby Lester is not liable for any shipping-related loss or damage during shipment to our facility.
- e) Send your device with the Inbound Repair Form. Do not send the power cord, tray, and top funnel when sending in the device.

**Exception:** KL15df must include the black lower funnel

**Shipping Address:**

Capsa Healthcare  
8170 Dove Parkway  
Canal Winchester, OH 43110  
(800) 641.3961

## Inbound Repair Form

**BEFORE you ship your Kirby Lester unit for repair, please contact Kirby Lester Support.**

If service is required, complete this form and include it in the original cardboard shipping container. Provide a detailed explanation of all problems you are experiencing. *If you need a new shipping box, Support can provide you with one.*

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Contact Email \_\_\_\_\_ Accounts Payable Email \_\_\_\_\_  
 Device Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_  
 Ticket # (Provided by Kirby Lester Rep) \_\_\_\_\_  
 SRO #(Provided by Kirby Lester Rep) \_\_\_\_\_

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Detailed Explanation of Problem: \_\_\_\_\_  
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INTERNAL USE – Kirby Lester Only


Bill to Customer ID# \_\_\_\_\_ Ship to Customer ID# \_\_\_\_\_  
 Service Dept. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Device Name \_\_\_\_\_ Service \$ \_\_\_\_\_ Shipping \$ \_\_\_\_\_ Tax \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Quote is valid for 30 days


Cut out the Transaction Type form below, complete it, and tape to the top of your shipping box. Clearly check "Service Required":


### Transaction Type Form



Service Required <input type="checkbox"/>	Trade-In <input type="checkbox"/>
Business Name _____	
City, ST _____	
Phone _____	
Serial Number _____	



 **KirbyLester**  
Automation by Capsa Healthcare

 **CAPSAHEALTHCARE**

Complete and tape to the top of your shipping box