

Preparing Your Kirby Lester Device for Shipment - Canada Customers

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

- 1) Contact Capsa 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) We 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 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 us if you do not have the original.
 - b) If you choose not to use a Kirby Lester device 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) Capsa 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 and KL16df must include the black lower funnel
 - f) For devices with barcode scanners: The barcode scanner must be included.
 - i) For testing purposes, include labels for 3 different medications; each having a different quantity (9, 105 and 1,125). **Important:** Failure to include these will delay the servicing of your device.

Shipping Addresses:

If you have KL20, KL30, KL15df, KL25, KL50, KL200 ship to:	If you have KL1, KL1Plus, KL15e, KL15i ship to:
Capsa Healthcare 8170 Dove Parkway Canal Winchester, OH 43110 USA (800) 437.6633	NTS Canada A/S Michel LeBrun 526 Mimosa St-Amable, Quebec J0L 1N0 (514) 591-4351

Inbound Repair Form

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

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, Service 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 _____
 Case # (Provided by Capsa Healthcare Rep) _____

Detailed Explanation of Problem: _____


<u>INTERNAL USE – Capsa Healthcare Only</u>	
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