



ZOLL AED Plus Device Corrective Action Customer Reply Form

Company: _____

Phone: (_____) _____ - _____

Contact: _____

Email: _____

Street Address 1: _____

Street Address 2: _____

City: _____

ZIP/Postal Code: _____

State/County/Province: _____

Country/Region: _____

* Please Complete ALL Fields

Serial Number(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. Please perform the corrective action on all affected devices.
2. List the serial number of each device you performed the corrective action on.
3. Please confirm which action you performed by visiting www.zollaedplusbatteryhelp.com or by completing and returning this form to ZOLL Medical Corporation:
 - Email the Form to: AED+DCA1@zoll.com
 - or Fax the form to: +1 (978) 421 – 0010
 - or Mail the form to: ATTN: Regulatory Affairs Department
ZOLL Medical Corporation
269 Mill Road
Chelmsford, MA 01824

I have acquired the software and performed the corrective action on the above list of ZOLL AED Plus units.

Signature

Date