

Assistive Hearing Equipment FM System

Receiver Serial #

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Transmitter Serial #

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Purchase date: _____ Owner _____

Is the device currently under warranty coverage? yes no

Company: _____

Phone:

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Training sources

Tech Support

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Hours: _____

Describe how/when this device is used:

Equipment List

- FM Receiver
- FM Transmitter
- Carrying Case
- Manual
- Charger
- Microphone cord
- Batteries
- Ear mold (left)
- Ear mold (right)
- _____
- _____
- _____
- _____

How are repairs made to this device (i.e., who sends the device, how is payment made to the company, etc.)

What backup systems are used?

Charging/battery information

Has this device had any specific problems lately?

Comments/Suggestions/Problems

Is this device part of the IEP? YES NO