

Suunto Level 1 Battery Replacement and Functional Testing Agreement



Name Date Date Needed

Phone email

Shipping Address (No P.O. Boxes)

City State Zip

Computer Wrist Model(s) Serial Number(s) Transmitter Serial Number (if applicable)

Known Issues/Problems

Additional Requests

Fees (per unit): "Dni" Series Wrist Unit \$60.00; Transmitter \$55.00; Spyder, Stinger, Mosquito \$60.00; "Dni" Series Battery with new band (same color) \$80.00. *Original D9 Wrist Unit must be sent to Suunto Care.*

I am requesting **RUSH** service (3 day in-house turn around. Does NOT include shipping times) **\$15.00 Additional FEE**
Initial

Initial the following to Authorize Requested Service and/or Requested Repairs:

My Computer: IS IS NOT currently working properly. (Please check one.)

I agree to activate my computer following this battery change and to test it at approximately 24 hours and 48 hours following the functionality test to insure proper function and activation.

I understand that even during storage, a "functional" battery should always be kept in my dive computer to prevent damage to the electronics.

I understand that sometimes electronics fail or stop working properly especially while under pressure, while the staff at Ocean First has done everything to insure the best possible performance to my equipment they are not responsible for failure or faulty equipment during or after repair, servicing or testing.

I understand that if the post battery change in water function and depth test must be waived due to the lack of time between the test and my flight/departure due to the computers 24 hour no fly decompression mode, I understand that by waiving this test, an important portion of the proper functional testing will not be performed.

Following the service and test, I agree that my computer is working and has the proper settings in the modes.

I wish to be contacted by Ocean First before my equipment is shipped back to me.

By signing below, I agree and understand the above information, and hereby provide authorization for Ocean First to perform necessary service and repair to my scuba device. I further understand that shipping fees are not included in the Service Fees listed above. I also authorize my credit card to be charged for services and repairs, any requested additional services or products and for any related shipping charges. I understand international shipping is not available.

Drop Off/Shipping Authorization Signature Date

Pick Up/Return Shipping Authorization Signature Date

For Use by Service Technician Only



Pre-repair settings:

- Unit functional? YES NO
Date Format: MM/DD DD/MM
Time Format: 12 Hour 24 Hour
Units: Imperial Metric

Repair:

- Evidence of flooding? YES NO
Battery replaced? YES NO
O-Ring replaced? YES NO

Post-repair checks:

- Date set to 1/1/2000? YES NO
Pressure check: PASS FAIL
Sync computer with transmitter? YES NO N/A

Notes:

Functional Check:

- Dive mode activated automatically upon submersion? YES NO
- 3 minutes at 3ATM/99 feet Displayed Depth: _____ NDL: _____ minutes
Depth alarm? PASS FAIL **STOP** displayed? YES NO
- 1 minute at 2ATM/66 feet Displayed Depth: _____ NDL: _____ minutes
Rapid ascent alarm? PASS FAIL **STOP** displayed? YES NO
- 1 minute at 1ATM/33 feet Displayed Depth: _____ NDL: _____ minutes
Rapid ascent alarm? PASS FAIL **STOP** displayed? YES NO
- Ascent to 0.5ATM/15 feet Displayed Depth: _____ NDL: _____ minutes
Rapid ascent alarm? PASS FAIL **STOP** displayed? YES NO
3 minute **DECO** Stop? PASS FAIL **STOP CEILING** and **X** displayed? YES NO
3 minute Safety Stop? PASS FAIL

Date and time set? YES NO

Final Assessment PASS FAIL

Technician Name _____

Date _____