

PRISM2 RMA FORM

Please print and complete the three forms below. This is your agreement for service from Divers Incorporated. Please make sure your information legible when you place it in the box with the parts you need service. Complete one set for every P2 being sent in.

**** We urge you to call us at (734) 971 7770 BEFORE sending in your unit if you have specific needs such as rush service, a broken part that needs replacing, or you wish to have something done out of the ordinary.**

YOUR INFORMATION

First Name	Last name	Phone Number
Email Address	Serial Number of P2	Original Owner? <input type="checkbox"/> Y <input type="checkbox"/> N
Dive Shop Affiliation		PLEASE NOTE: It is assumed that the rebreather being sent in will be coming at the request of the customer. If you are dive center, requesting this on their behalf please have it shipped to and from an Authorized Hollis Rebreather Dealer.
Shipping Address		
City	State	
ZIP/Postal Code		

I request that the following services be performed on my Hollis Prism 2.

- Annual Service
- Five Year Service (includes Annual Service)
- Five-year Head only
- CE Upgrade, Head only, Labor and Parts
- CE Upgrade with Complete Annual and five year service
- Other (Please Specify) _____
- I have specific parts request selected on the Third page of this document.**
- I request three day in-house, RUSH Service understanding the costs involved**
- Please contact me to arrange for a rental unit while mine is being repaired.**
- My Unit is Damaged or Not Working Properly** (please specify in the notes)
- My unit will be fully sanitized before sending in to Divers Incorporated. I Understand that If my unit is found to not be cleaned additional charges for cleaning WILL APPLY.**

Customer Signature

Date

SERVICE AGREEMENT

NOTES:

This Agreement is entered into between Divers Incorporated - Ann Arbor and the above named client, hereinafter "CUSTOMER", for the service of their Prism 2 Rebreather from Hollis Rebreathers.

This Agreement is a release of the Customer's Rights to sue for injuries or death resulting from the use of the equipment after servicing/repair. CUSTOMER expressly assumes all risks of skin and/or Scuba Diving related in any way to the use of this equipment.

CUSTOMER also understands that Divers Incorporated- Ann Arbor and its employees, owners, officers or agents (hereinafter "Released Parties), shall not be held liable or responsible in any way for any injury, death or damages to CUSTOMER or his/her family, heirs or assigns which may occur as a result of the use of the equipment after service/repair.

I, _____, have carefully read and understand the above agreement. By signing this agreement, I exempt and release Divers Incorporated - Ann Arbor, and all related entities as defined above, from all liability or responsibility whatsoever or personal injury, property damage, or wrongful death as a result of using the equipment, however caused, including, but not limited to product liability or the negligence of the released parties whether passive or active.

REPAIR AGREEMENT: I, _____, hereby authorize the above work to be carried out. I understand that the work requested on this agreement will be performed for me at the published pricing on the price list I have reviewed.

Customer Signature

Date

PLEASE SEND YOUR UNIT WITH THE THREE PRINTED PAGES TO

**Divers Incorporated
3380 Washtenaw Ave.
Ann Arbor, Michigan 48104
(734) 971 7770**

Request for Additional Services

Please print and complete the form below. This is your agreement for service from Divers Incorporated. Please make sure your information legible when you place it in the box with the parts you need service.

Installation Included with the Annual Service:

- | | |
|--|--|
| <input type="checkbox"/> Adapter, Hose (part that screws into the head) | <input type="checkbox"/> Elbows Pair (FMCL) |
| <input type="checkbox"/> LP Swivel (Required for BOV Kit on 5 port DIL first stage) | <input type="checkbox"/> O2 supply hoses (LPQD) |
| <input type="checkbox"/> Inhalation Counter Lung Assembly, extra port (stripped) | <input type="checkbox"/> Dil supply hoses (LPQD) |
| <input type="checkbox"/> LP Inflator hoses (o2Mav, MAV, BCD) | <input type="checkbox"/> Solenoid supply hose |
| <input type="checkbox"/> LP Hose 30" (BMCL ONLY) | <input type="checkbox"/> Upgrade to Petrel 3 |
| <input type="checkbox"/> BMCL MAV Regulator hoses (inches?) | <input type="checkbox"/> BOV hose |
| <input type="checkbox"/> Replacement Oteiker Clamps (each) | <input type="checkbox"/> BOV Kit |
| <input type="checkbox"/> Replacement Bucket clamps (each) | <input type="checkbox"/> New Sensor Holders |
| <input type="checkbox"/> Replacement Bucket latch keeper | <input type="checkbox"/> FMCLs (stripped) Pair |
| <input type="checkbox"/> Replacement Latch, Battery cover | <input type="checkbox"/> Transmitter for Petrel 3 - Yellow |
| <input type="checkbox"/> Cover Rebuild (requires old cover and hardware) | <input type="checkbox"/> Transmitter for Petrel 3 - Grey |
| <input type="checkbox"/> Replacement Prism 2 Cover | <input type="checkbox"/> Small FMCLs (stripped) Pair |
| <input type="checkbox"/> Replacement Scrubber Basket and Cap Assembly | <input type="checkbox"/> Standard Yoke. FMCL Only |
| <input type="checkbox"/> Lower Strap, (pair) Counterlung, FMCL | <input type="checkbox"/> Long Yoke FMCL Only |
| <input type="checkbox"/> Side Strap, (pair) Counterlung, FMCL | <input type="checkbox"/> Strain Relief Upgrade (pair) |
| <input type="checkbox"/> New Corrogated Hoses (FOUR) FMCL 14" | <input type="checkbox"/> BMCL upgrade from FMCL |
| <input type="checkbox"/> New Corrogated Hoses (four) BMCL 2x11" 2x16 | <input type="checkbox"/> Upgrade Oxygen MAV (FMCL) |
| <input type="checkbox"/> One each, OPRT valves on first stages | <input type="checkbox"/> Bucket (requires old hardware) |
| <input type="checkbox"/> Stainless Steel Battery Cover Upgrade | <input type="checkbox"/> Stainless Steel H- Plate Upgrade |
| <input type="checkbox"/> Complete bucket assembly with band and latches | <input type="checkbox"/> Upgrade Diluent to a 7port Body |
| <input type="checkbox"/> New Bucket hardware (band Assy.) | |

Installation Included with the Five Year Service:

- | | |
|---|--|
| <input type="checkbox"/> CE Upgrade (New Body, LH connector) * | <input type="checkbox"/> Bulkhead Connector, Battery |
| <input type="checkbox"/> Solenoid Replacement (required for version 2) * | <input type="checkbox"/> Solenoid Rebuild, Poppet Assy* |
| <input type="checkbox"/> Cover Assy, Solenoid Chamber (recommended with above)* | <input type="checkbox"/> Cable Assembly, Battery |
| <input type="checkbox"/> Additional Monitor (blue) Cable Dive CAN Added | <input type="checkbox"/> Replacement Electronics Housing |
| <input type="checkbox"/> New Monitor (blue) Cable Dive CAN | <input type="checkbox"/> Bulkhead Connector, O2 Sensors |
| <input type="checkbox"/> New Controller Primary (green) Cable Dive Can | |
| <input type="checkbox"/> Complete Prism Rebuild with/PCBS no HUD/Handset (Flooded Unit) | |
| <input type="checkbox"/> Prism 2 (ver 1.0) upgrade without HUD or Handset (makes spare DiveCAN head) | |
| <input type="checkbox"/> Contact Me regarding Prism 2 (ver 1.0) Trade In/Upgrade to DiveCan | |

I wish to have the above parts replaced as part of the service performed on my Prism 2,

Customer Signature

Date