

Photovac Laser Corporation

CO₂ Laser Service & Troubleshooting Intake Questionnaire

Customer / Company Name:

Contact Name:

Email:

Phone:

Laser Identification

Manufacturer (OEM):

Model:

Serial Number:

Problem / Fault Type (check all that apply):

☐

No laser output

☐

Low power

☐

Intermittent firing

☐

Power unstable

☐

RF / VSWR fault

☐

DC power supply fault

☐

Thermal / cooling shutdown

☐

Other

Cooling Type:

☐

Air-cooled

☐

Water-cooled

Have measurements been taken?

☐

Yes

☐

No

DC Input Voltage (VDC):

Measured Output Power (Watts):

Third-Party Service Disclosure (Required)

Has this laser been serviced by a third party prior to Photovac?

☐

Yes

☐

No

If YES, provide company / technician and scope of work:

Optional Photo / Video Upload (not mandatory)

☐

Laser nameplate

☐

Laser installed in system

☐

Error messages / display panel

☐

Video of startup or fault behavior

DC Medical Laser – Error & Display Diagnostics

Is this a DC-excited medical CO₂ laser system?

☐ Yes☐ No

Exact error message or code displayed:

When does the error occur? (check all that apply)

☐

During power-up / self-test

☐

When laser is enabled / armed

☐

When footswitch or fire command is activated

☐

During active operation / procedure

Error behavior:

☐

Clears after power cycle

☐

Latched / cannot clear

☐

Intermittent

Safety / Interlock status (if known):

☐

All interlocks satisfied

☐

Interlock fault indicated

☐

Interlock status unknown

Additional notes:

Customer Certification

I certify the information provided is accurate to the best of my knowledge.

Customer Name:

Date: