



## ***Battery Data Form Instructions***

### **Instructions for Suppliers**

There are two sections on the Battery Data Form that suppliers are expected to fill out to the best of their ability before returning to Carestream Health:

- 1) Battery Data
- 2) Supplier Information

### **2. Fill out the Supplier information requested on Page 1 of the Battery Data Form spreadsheet.**

- First complete the *Supplier Name, Contact Name, Title, Phone Number, Email, and Date Completed* information.
- A suggested part number can be provided in the *Alternate Recommendation* fields. This can be used for a corrected part number or to suggest a RoHS compliant part number. If the part number has changed, if there is an equivalent alternate, or if the information request is for an item or part that is obsolete or unknown.

### **1. Fill out the Battery Composition Data on Page 1 of the Battery Data Form spreadsheet.**

- Complete the 8 columns on the Battery Declaration Form in order to describe any battery component contained in your product. The Glossary below defines the requirements for each column

### **3. Email the form to Carestream Health**

- Send an email or click on this link:  
[mailto: HG-SupplierDeclaration@Carestreamhealth.com](mailto:HG-SupplierDeclaration@Carestreamhealth.com)
- **Note:** attach the completed Battery Data Form to the email before sending.



## Appendix A - Glossary of Terms

**Product Containing Battery** Name of the product that contains the battery component (i.e., PC Model ABC)

**Supplier Product Identification Number** catalogue number or identification number of the finished product a provided to Carestream Health

**Supplier Battery Part Number** Part number of the battery component.

**Battery Type/Chemistry** Describes the type of chemistry used in the battery

**Weight (grams)** Weight of the battery in grams

**Use** Describe what function the battery performs in the product

**Connection (removable or fixed)** Describe if the battery is designed to be removed (removable) and replaced as a consumable item or of the battery is permanently affixed (fixed) or soldered in place such that the entire circuit board or product has to be replaced when the battery no longer functions.

**If removable, by whom (customer or service)** Describe if the battery is designed to be removed by the customer (end-user) and replaced or if this is a service replacement item only requiring a trained service personnel to replace the battery.

### **Supplier Information:**

**Company Name** The official name of the company

**Contact Name** Name of the person at the company to contact in case of questions.

**Title** Official title of the contact person.

**Phone Number** Phone number where the representative can be reached during business hours

**Email** Business email address of the contact

**Date Completed** Date that the form was completed