

Reliability Center, Inc.  
Fax: 1 804- 452-2119  
Local: 1 804- 458-0645  
Toll Free: 1800 457-0645

**PROACTOnDemand<sup>SM</sup>**  
**Beta Testing Submittal Form**

Submittal # (apply your own sequential number): \_\_\_\_\_

Healthcare or Industry Tester (Circle One) : HC                      IND

Beta Tester Name:

Testing Date:

Testing Time of Day:

Location of Comments (Circle or Highlight One):

- |                     |                   |                |             |
|---------------------|-------------------|----------------|-------------|
| 1. Purchase Area    | 2. Account Set Up | 3. Home Page   | 4. PRESERVE |
| 5. ORDER            | 6. ANALYZE        | 7. COMMUNICATE | 8. TRACK    |
| 9. Template Related | 10. Other: _____  |                |             |

**BUGS/ERRORS**

Please describe in detail the issue you would like to report?

If an error occurred, please do a PRINT SCREEN (copy) and paste it in an email and send it to [blatino@reliability.com](mailto:blatino@reliability.com). Feel free to do the same for just sending screen shots to make your point more clear.

Please describe the specific key strokes you took to accomplish whatever you were trying to do (keystroke sequences are very important):

**IMPROVEMENT SUGGESTIONS**

This is an area where we would like your comments about how to make PROACTOnDemand<sup>SM</sup> better from your perspective.