

Service Report



WORK ORDER ID: CWKD4081767

WORK ORDER TYPE: Preventative Maintenance

CUSTOMER: KUMC RESEARCH INSTITUTE | **DEPARTMENT:** 190215-KUMC RESEARCH INSTITUTE-ROUNDS RESEARCH INSTITUTE | **ACCOUNT NUMBER:** 190215

CONTACT:

CUSTOMER PO#:

CONTACT PHONE:

CUSTOMER REFERENCE:

BILLING ADDRESS: PO Box 3160 Kansas City, KS 66103

SHIPPING ADDRESS: 4330 Shawnee Mission Pkwy. Ste. #1360 Fairway, KS 66205

AGILITY ASSET ID : 1887929 | **SERIAL #:** 0006398 | **VENDOR SITE ID :** | **CUSTOMER ASSET ID:**

ASSET TYPE: DEFIBRILLATORS, EXTERNAL, AUTOMATED | **MANUFACTURER:** ZOLL MEDICAL CORP | **MODEL:** AED PRO

SERVICE REQUESTED: Asset Onboarding - Initial Preventative Maintenance for 1887929

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-23-2024

LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Harper	PM Not Covered	0.3	M-F 8-5	01/23/24

SERVICE PROVIDED DETAILS

Completed SM passed inspection testing

TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
DF9	137	DEFIB ANALYZER, IMPULSE 7000DP	05/04/23

CHECKLIST

PROCEDURE: ZOLL AED PRO

QUESTION

01. Check unit for cleanliness, excessive wear and damage
02. Power on AED- check for correct operation and user alerts
03. Set simulator to Vfib and connect to AED, "Shock Advised" displayed
04. Defib energy output- first shock- 120 J (J)
05. Defib energy output- second shock- 150 J (J)
06. Defib energy output- third shock- 200 J (J)
07. Set Simulator to NSR 60bpm- cycle power on AED- "No Treatment Advised"
08. Remove "puck" from AED move it up and down less than 1 inch- "push harder" Advised
09. Increase vertical motion to 2-3 inches- "Good Compressions" advised
10. Check expiration date on pads
11. Power off unit and check Ready indicator shows green

ANSWER

- Pass
Pass
Pass
121
138
220
Pass
Pass
Pass
Pass
Pass

Customer Signature:

Date:

Technician Signature:

Date: