

# Service Report



## WORK ORDER ID: CWKD7160742

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887882 | **SERIAL #:** A18044501468 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, MULTIPURPOSE, BEDSIDE, CONFIGURED | **MANUFACTURER:** AXIA SURGICAL | **MODEL:** V1050T PATIENT MONITOR

**SERVICE REQUESTED:** Perform Annual PM

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 02-11-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Eric Coleman	PM Not Covered	0.5	M-F 8-5	02/11/25

### TRAVEL

SERVICE PROVIDER	CATEGORY	MILES/HOURS	PERIOD DEFINITION	SERVICE DATE
Eric Coleman	PM Not Covered	0.7	M-F 8-5	02/11/25

### SERVICE PROVIDED DETAILS

Performed annual PM, unit passed all test.

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION
SP4	0105	SPO2 SIMULATOR, FLUKE SPOTLIGHT,PROSIM 4
SP3	0105	VITAL SIGNS PATIENT SIMULATOR, PROSIM 3

CALIBRATION DATE

**CHECKLIST**

**PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC**

QUESTION	ANSWER
01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	356
03. Measure chassis leakage current ( microAmps )	165
04. Patient Leakage ( microAmps )	20
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	NA
27. Temperature Verification	NA
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

*Eric Colman*

Date:

2-11-2025

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Technician Signature:

Date:

# Service Report



## WORK ORDER ID: CWKD6948077

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887883 | **SERIAL #:** A15094700025 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, MULTIPURPOSE, BEDSIDE, CONFIGURED | **MANUFACTURER:** AXIA SURGICAL | **MODEL:** V1050T PATIENT MONITOR

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-17-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.5	M-F 8-5	01/16/25

### TRAVEL

SERVICE PROVIDER	CATEGORY	MILES/HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.75	M-F 8-5	01/16/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR3	0380	OXIMETER SIMULATOR	12/05/24
SB7	0102	SAFETY ANALYZER, ESA620	07/24/24
PR1	0105	SIMCUBE	12/04/24

## CHECKLIST

### PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC

#### QUESTION

#### ANSWER

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	86
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

*Stephanie Dye*

Technician Signature:

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Date:

4th Febuary 2025

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Date:

# Service Report



## WORK ORDER ID: CWKD6948050

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887884 | **SERIAL #:** A17044501148 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, MULTIPURPOSE, BEDSIDE, CONFIGURED | **MANUFACTURER:** AXIA SURGICAL | **MODEL:** V1050T PATIENT MONITOR

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-17-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.5	M-F 8-5	01/16/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR1	0105	SIMCUBE	12/04/24
PR3	0380	OXIMETER SIMULATOR	12/05/24
SB7	0102	SAFETY ANALYZER, ESA620	07/24/24

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	80
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

Date:



*Stephanie Dye*

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Technician Signature:

4th Febuary 2025

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Date:

# Service Report



**WORK ORDER ID: CWKD7160868**

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887885 | **SERIAL #:** A17044501115 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, MULTIPURPOSE, BEDSIDE, CONFIGURED | **MANUFACTURER:** AXIA SURGICAL | **MODEL:** V1050T PATIENT MONITOR

**SERVICE REQUESTED:** Perform annual PM

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 02-11-2025

## LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Eric Coleman	PM Not Covered	0.5	M-F 8-5	02/11/25

## SERVICE PROVIDED DETAILS

Performed annual PM, unit passed all test.

## TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
SP3	0105	VITAL SIGNS PATIENT SIMULATOR, PROSIM 3	
SP4	0105	SPO2 SIMULATOR, FLUKE SPOTLIGHT,PROSIM 4	

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	348
03. Measure chassis leakage current ( microAmps )	259
04. Patient Leakage ( microAmps )	19
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	NA
27. Temperature Verification	NA
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

Date:

*Eric Colman*

2-11-2025

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Technician Signature:

Date:

# Service Report



## WORK ORDER ID: CWKD6947674

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887869 | **SERIAL #:** 100004910422 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOT VITAL SIGNS 4400

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-16-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.5	M-F 8-5	01/16/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
SB7	0102	SAFETY ANALYZER, ESA620	07/24/24
PR1	0105	SIMCUBE	12/04/24
PR3	0380	OXIMETER SIMULATOR	12/05/24

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	80
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

Date:

*Stephanie Dye*

4th Febuary 2025

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Technician Signature:

Date:

# Service Report



## WORK ORDER ID: CWKD6947405

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887870 | **SERIAL #:** 100088734021 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOT VITAL SIGNS 4400

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-16-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.5	M-F 8-5	01/16/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR1	0105	SIMCUBE	12/04/24
SB7	0102	SAFETY ANALYZER, ESA620	07/24/24
PR3	0380	OXIMETER SIMULATOR	12/05/24



**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	66
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	NA

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Customer Signature:

Date:

*Stephanie Dye*

4th Febuary 2025

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Technician Signature:

Date:

# Service Report



## WORK ORDER ID: CWKD6947551

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887871 | **SERIAL #:** 100088374021 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOT VITAL SIGNS 4400

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-16-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.5	M-F 8-5	01/16/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR1	0105	SIMCUBE	12/04/24
SB7	0102	SAFETY ANALYZER, ESA620	07/24/24
PR3	0380	OXIMETER SIMULATOR	12/05/24

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	86
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

Date:

*Stephanie Dye*

Technician Signature:

4th Febuary 2025

Date:

# Service Report



## WORK ORDER ID: CWKD7107040

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITY ASSET ID :** 1887872 | **SERIAL #:** 100034081822 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOT VITAL SIGNS 4400

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-16-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.4	M-F 8-5	01/17/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME.

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR1	0105	SIMCUBE	12/04/24
PR3	0380	OXIMETER SIMULATOR	12/05/24

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	64
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	Pass
22. ECG Tests - Leads Off	Pass
23. ECG Tests - Pacer Detect	Pass
24. ECG Tests - Heart Rate	Pass
25. ECG Tests - Alarms	Pass
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

Date:

*Stephanie Dye*

1-17-2025

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Technician Signature:

Date:



# Service Report



## WORK ORDER ID: CWKD6946055

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887873 | **SERIAL #:** 100005710422 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOT VITAL SIGNS 4400

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-17-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.6	M-F 8-5	01/17/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME.

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR3	0380	OXIMETER SIMULATOR	12/05/24
PR1	0105	SIMCUBE	12/04/24

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	85
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	NA

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Customer Signature:

Date:

*Stephanie Dye*

4th Febuary 2025

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Technician Signature:

Date:

# Service Report



## WORK ORDER ID: CWKD6945827

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITY ASSET ID :** 1887874 | **SERIAL #:** 100045103216 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOTS VITAL SIGN

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-16-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.4	M-F 8-5	01/17/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME.

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR1	0105	SIMCUBE	12/04/24

### CHECKLIST

**PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC**

**QUESTION**

**ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	0.01
03. Measure chassis leakage current ( microAmps )	0.0
04. Patient Leakage ( microAmps )	0.0
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	NA
14. NIBP Tests - Static Pressure Calibration	NA
15. NIBP Tests - Motor Pump Test	NA
16. NIBP Tests - Leak Test	NA
17. NIBP Tests - Dump Test (Adult, Neonate)	NA
18. NIBP Tests - Bleed Rate Test	NA
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	NA
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	Pass
22. ECG Tests - Leads Off	Pass
23. ECG Tests - Pacer Detect	Pass
24. ECG Tests - Heart Rate	Pass
25. ECG Tests - Alarms	Pass
26. IBP 1 and IBP 2 Verification	NA
27. Temperature Verification	NA
28. SPO2 Verification	NA
29. SPO2 Alarm	NA
30. NIBP Verification	NA
31. CO2 Operation Verification	NA

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Customer Signature:

Date:

*Stephanie Dye*

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4th February 2025

Technician Signature:

Date:

# Service Report



## WORK ORDER ID: CWKD7103211

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887875 | **SERIAL #:** 200819211 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOT VITAL SIGNS

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-16-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.4	M-F 8-5	01/16/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
SA3	0114	SAFETY ANALYZER	03/20/24
PR1	0105	SIMCUBE	12/04/24
PR3	0380	OXIMETER SIMULATOR	12/05/24

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	66
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	Pass
25. ECG Tests - Alarms	Pass
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

Date:



*Stephanie Dye*

1-16-2025

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Technician Signature:

Date:

# Service Report



## WORK ORDER ID: CWKD6948040

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887881 | **SERIAL #:** 100088334021 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOT VITAL SIGNS 4400

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-17-2025

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.5	M-F 8-5	01/16/25

### SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR3	0380	OXIMETER SIMULATOR	12/05/24
SB7	0102	SAFETY ANALYZER, ESA620	07/24/24
PR1	0105	SIMCUBE	12/04/24

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	80
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

Date:

*Stephanie Dye*

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4th Febuary 2025

Technician Signature:

Date:

# Service Report



**WORK ORDER ID: CWKD6948047**

**WORK ORDER TYPE:** Preventative Maintenance

**CUSTOMER:** UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

**CONTACT:**

**CUSTOMER PO#:**

**CONTACT PHONE:**

**CUSTOMER REFERENCE:**

**BILLING ADDRESS:** PO Box 3160 2012 Suder Kansas City, KS 66103

**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

**AGILITI ASSET ID :** 1887886 | **SERIAL #:** 201907174 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** MONITORS, PHYSIOLOGIC, VITAL SIGNS | **MANUFACTURER:** WELCH ALLYN INC | **MODEL:** SPOT VITAL SIGNS

**SERVICE REQUESTED:** PM DUE

**SERVICE PROVIDED TYPE:** Scheduled Maintenance

**WORK COMPLETED:** 01-17-2025

## LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.4	M-F 8-5	01/16/25

## SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

## TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR1	0105	SIMCUBE	12/04/24
PR3	0380	OXIMETER SIMULATOR	12/05/24
SB7	0102	SAFETY ANALYZER, ESA620	07/24/24

**CHECKLIST****PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC****QUESTION****ANSWER**

01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance ( milliOhms )	1
03. Measure chassis leakage current ( microAmps )	88
04. Patient Leakage ( microAmps )	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

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Customer Signature:

Date:

*Stephanie Dye*

4th Febuary 2025

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Technician Signature:

Date: