

Service Report



WORK ORDER ID: CWKD6943229

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 : 2170764 | **SERIAL #:** 500-0178353 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**
ASSET TYPE: SCALES, PATIENT, FLOOR | **MANUFACTURER:** HEALTH-O-METER INC | **MODEL:** HEALTH-O-METER 500KL

SERVICE REQUESTED: Asset Onboarding - Initial Preventative Maintenance for 2170764

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-16-2025

LABOR

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

TRAVEL

SERVICE PROVIDER	CATEGORY	MILES/HOURS	PERIOD DEFINITION	SERVICE DATE
Joe Martinez	Labor Other Not Covered	0.5	M-F 8-5	01/16/25

SERVICE PROVIDED DETAILS

PM performed per OEM specifications. Passed all functions and values. Ready for patient use.

TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
WT1	0679	WEIGHT, 50 LBS	04/04/24
WT1	0604	WEIGHT, 50 LBS	04/04/24

CHECKLIST

PROCEDURE: B3800 L1

QUESTION	ANSWER
Electrical Safety Inspection	Pass
HEAVY WT ACTUAL	100
HEAVY WT DISPLA	100
LIGHT WT ACTUAL	11
LIGHT WT DISPLA	11
Mechanical Safety Inspection	Pass
Operational Check	Pass

Customer Signature: _____ Date: _____

Joe Martinez

 Technician Signature: _____ Date: 1-16-2025

Service Report



WORK ORDER ID: CWKD6943248

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 : 2170765 | **SERIAL #:** 500-0163137 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

ASSET TYPE: SCALES, PATIENT, FLOOR | **MANUFACTURER:** HEALTH-O-METER INC | **MODEL:** HEALTH-O-METER 500KL

SERVICE REQUESTED: Asset Onboarding - Initial Preventative Maintenance for 2170765

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-16-2025

LABOR

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

TRAVEL

SERVICE PROVIDER	CATEGORY	MILES/HOURS	PERIOD DEFINITION	SERVICE DATE
Joe Martinez	Labor Other Not Covered	0.6	M-F 8-5	01/16/25

SERVICE PROVIDED DETAILS

PM performed per OEM specifications. Passed all functions and values. Ready for patient use.

TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
WT1	0604	WEIGHT, 50 LBS	04/04/24
WT1	0679	WEIGHT, 50 LBS	04/04/24

CHECKLIST

PROCEDURE: B3800 L1

QUESTION	ANSWER
Electrical Safety Inspection	Pass
HEAVY WT ACTUAL	50
HEAVY WT DISPLA	50
LIGHT WT ACTUAL	11
LIGHT WT DISPLA	11
Mechanical Safety Inspection	Pass
Operational Check	Pass

Customer Signature: _____ Date: _____

Joe Martinez _____ 1-16-2025 _____

Technician Signature: _____ Date: _____

Service Report



WORK ORDER ID: CWKD6943326

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 : 2170766 | **SERIAL #:** 500-0186170 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

ASSET TYPE: SCALES, PATIENT, FLOOR | **MANUFACTURER:** HEALTH-O-METER INC | **MODEL:** HEALTH-O-METER 500KL

SERVICE REQUESTED: Asset Onboarding - Initial Preventative Maintenance for 2170766

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-16-2025

LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Joe Martinez	Labor Other Not Covered	0.6	M-F 8-5	01/16/25
Joe Martinez	PM Not Covered	0.4	M-F 8-5	01/16/25

SERVICE PROVIDED DETAILS

PM performed per OEM specifications. Passed all functions and values. Ready for patient use.

TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
WT1	0679	WEIGHT, 50 LBS	04/04/24
WT1	0604	WEIGHT, 50 LBS	04/04/24

CHECKLIST

PROCEDURE: B3800 L1

QUESTION

ANSWER

Electrical Safety Inspection

Pass

HEAVY WT ACTUAL

50

HEAVY WT DISPLA

50

LIGHT WT ACTUAL

11

LIGHT WT DISPLA

11

Mechanical Safety Inspection

Pass

Operational Check

Pass

Customer Signature:

Date:

Joe Martinez

1/16/2025

Technician Signature:

Date:

Service Report



WORK ORDER ID: CWKD6943263

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 : 2170767 | **SERIAL #:** 500-0163141 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

ASSET TYPE: SCALES, PATIENT, FLOOR | **MANUFACTURER:** HEALTH-O-METER INC | **MODEL:** HEALTH-O-METER 500KL

SERVICE REQUESTED: Asset Onboarding - Initial Preventative Maintenance for 2170767

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-16-2025

LABOR

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

TRAVEL

SERVICE PROVIDER	CATEGORY	MILES/HOURS	PERIOD DEFINITION	SERVICE DATE
Joe Martinez	Labor Other Not Covered	0.6	M-F 8-5	01/16/25

SERVICE PROVIDED DETAILS

PM performed per OEM specifications. Passed all functions and values. Ready for patient use.

TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
WT1	0604	WEIGHT, 50 LBS	04/04/24
WT1	0679	WEIGHT, 50 LBS	04/04/24

CHECKLIST

PROCEDURE: B3800 L1

QUESTION	ANSWER
Electrical Safety Inspection	Pass
HEAVY WT ACTUAL	50
HEAVY WT DISPLA	50
LIGHT WT ACTUAL	11
LIGHT WT DISPLA	11
Mechanical Safety Inspection	Pass
Operational Check	Pass

Customer Signature: _____ Date: _____

Joe Martinez

 Technician Signature: _____ Date: 1-16-2025