

Service Report



WORK ORDER ID: CWKD6975432

WORK ORDER TYPE: Preventative Maintenance

CUSTOMER: UNIVERSITY OF KS MED CTR-CTSU | **DEPARTMENT:** 146148-UNIVERSITY OF KS MED CTR-CTSU-BIOMED | **ACCOUNT NUMBER:** 146148

CONTACT:

CUSTOMER PO#:

CONTACT PHONE:

CUSTOMER REFERENCE:

BILLING ADDRESS: PO Box 3160 Mail Stop 6011 Kansas City, KS 66103

SHIPPING ADDRESS: 4350 Shawnee Mission Parkway Mail Stop 6011 Fairway, KS 66205

AGILITI ASSET ID : 1887916 | **SERIAL #:** N/A | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:** 412269-86

ASSET TYPE: FREEZERS, LABORATORY | **MANUFACTURER:** THERMO SCIENTIFIC | **MODEL:** THERMO SCIENTIFIC LAB FREEZER

SERVICE REQUESTED: PM DUE

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-22-2025

LABOR

| SERVICE PROVIDER | CATEGORY | HOURS | PERIOD DEFINITION | SERVICE DATE |
|------------------|----------------|-------|-------------------|--------------|
| Stephanie Dye | PM Not Covered | 0.4 | M-F 8-5 | 01/22/25 |

SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

TEST EQUIPMENT

| PREFIX | UNIT | DESCRIPTION | CALIBRATION DATE |
|--------|------|--------------------|------------------|
| DM1 | 0286 | DIGITAL MULTIMETER | 04/04/24 |

CHECKLIST

PROCEDURE: L1100 L1

QUESTION

ANSWER

| | |
|---|------|
| CES THERM. - FREEZER (if applicable) | -79 |
| CES THERM. - REFRIGERATOR | N/A |
| CUST. THERM. - FREEZER (if applicable) | -79 |
| CUST. THERM. - REFRIGERATOR | N/A |
| DESIRED TEMP. - FREEZER (if applicable) | -79 |
| DESIRED TEMP. - REFRIGERATOR | N/A |
| Electrical Safety Inspection | Pass |
| GASKET SEAL | Pass |
| High Temperature Alarm | Yes |
| Low Temperature Alarm | Yes |
| Mechanical Safety Inspection | Pass |
| Operational Check | Pass |
| STANDS LEVEL | Pass |
| STANDS SOLIDLY | Pass |

Customer Signature:

Date:

Stephanie Dye

1/22/25

Technician Signature:

Date: