

Service Report



WORK ORDER ID: CWKD6983022

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

AGILITY ASSET ID : 1887923 | **SERIAL #:** AA12B023827 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**
ASSET TYPE: DEFIBRILLATORS, EXTERNAL, AUTOMATED | **MANUFACTURER:** ZOLL MEDICAL CORP | **MODEL:** AED PRO

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

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

ANSWER

- Pass
Pass

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

Customer Signature:

Stephanie Dye

Technician Signature:

Date:

1/22/25

Date: