

# Service Report



## WORK ORDER ID: CWKD6975556

**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 :** 1887920 | **SERIAL #:** 41218885 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

**ASSET TYPE:** CENTRIFUGES, TABLETOP, LOW-SPEED, NONREFRIGERATED | **MANUFACTURER:** THERMO FISHER SCIENTIFIC | **MODEL:** SORVALL LEGEND T

**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
TA1	0257	TACHOMETER	04/05/24

### CHECKLIST

**PROCEDURE: CENTRIFUGE**

**QUESTION**

BRUSHES  
COVER LATCH  
Electrical Safety Inspection  
Mechanical Safety Inspection  
MOTOR CLEANED  
MOTOR CURRENT  
ROTOR & MOTOR  
RPM CHECK  
SAFETY INTERLOCK  
TACHOMETER SERIAL NUMBER  
TEMPERATURE VERIFICATION  
TIMER

**ANSWER**

Pass  
Pass  
Pass  
Pass  
Yes  
Pass  
Pass  
Pass  
Pass  
TA1 0257  
Pass  
5 MIN

---

Customer Signature:

*Stephanie Dye*

Technician Signature:

---

Date:

1/22/25

---

Date: