

Service Report



WORK ORDER ID: CWKD6975400

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 : 1887919 | **SERIAL #:** 4040054 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**

ASSET TYPE: MIXERS | **MANUFACTURER:** CLAY ADAMS | **MODEL:** LR36025

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	0.3	M-F 8-5	01/22/25

SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

CHECKLIST

PROCEDURE: MIXERS, CLINICAL LABORATORY

QUESTION

Correct Operation Verification

Detailed Inspection

ANSWER

Pass

Pass

Electrical Safety Inspection
Lubrication
Mechanical Safety Inspection

Pass
Pass
Pass

Customer Signature:

Date:

Stephanie Dye

1/22/25

Technician Signature:

Date: