

Service Report



WORK ORDER ID: CWKD7936910

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:

CONTACT PHONE:

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

CUSTOMER PO#:

CUSTOMER REFERENCE:

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

AGILITI ASSET ID : 1887933 | **SERIAL #:** NONE | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**
ASSET TYPE: REFRIGERATORS, LABORATORY | **MANUFACTURER:** FRIGIDAIRE | **MODEL:** 61441

SERVICE REQUESTED: PM DUE

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 04-29-2025

LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.3	M-F 8-5	04/28/25

SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
DM1	0286	DIGITAL MULTIMETER	04/03/25

CHECKLIST**PROCEDURE: L1100 L1****QUESTION****ANSWER**

CES THERM. - FREEZER (if applicable)

28

CES THERM. - REFRIGERATOR

N/A

CUST. THERM. - FREEZER (if applicable)

29

CUST. THERM. - REFRIGERATOR

N/A

DESIRED TEMP. - FREEZER (if applicable)

30

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:



4/28/25

Technician Signature:

Date: