Service Report

WORK ORDER ID: CWKD6947485

WORK ORDER TYPE: Preventative Maintenance

CUSTOMER: UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

CONTACT:

CONTACT PHONE:

BILLING ADDRESS: PO Box 3160 2012 Suder Kansas City, KS 66103

CUSTOMER PO#:

CUSTOMER REFERENCE:

SHIPPING ADDRESS: 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

AGILITI ASSET ID : 1887880 | **SERIAL #:** AI0018180 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**
ASSET TYPE: OXIMETERS, PULSE | **MANUFACTURER:** MASIMO CORP. | **MODEL:** RADICAL-7

SERVICE REQUESTED: PM DUE

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-16-2025

LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.4	M-F 8-5	01/16/25

SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR3	0380	OXIMETER SIMULATOR	12/05/24

CHECKLIST

PROCEDURE: RADICAL-7

QUESTION	ANSWER
ALARMS	Yes
BATTERY CONDITION	Pass
BATTERY OPERATING?	Yes
CABLES	Pass
CLEAN	Yes
Clinical- Audio	Pass
Clinical- Visual	Pass
DISPLAY	Pass
Electrical Safety Inspection	Pass
EXT CONDITION	Pass
INDICATORS OK	Pass
Operational Check	Pass
Patient- Audio	Pass
Patient- Visual	Pass
PLUGS	Pass
Remote	Pass
Safety- Audio	Pass
Safety- Visual	Pass
Test calibration @ 61 +/-2 BPM (BPM)	60
Test calibration @ 81 +/-3% (%)	80

Customer Signature: Date:

Stephanie Dye   4th Febuary 2025

Technician Signature: Date:

Service Report

WORK ORDER ID: CWKD6947454

WORK ORDER TYPE: Preventative Maintenance

CUSTOMER: UNIV OF KS MED CTR-CTSU RNBW | **DEPARTMENT:** 177820-UNIV OF KS MED CTR-CTSU RNBW-ROUNDS CTSU RNBW | **ACCOUNT NUMBER:** 177820

CONTACT:	**CUSTOMER PO#:**
CONTACT PHONE:	**CUSTOMER REFERENCE:**
BILLING ADDRESS: PO Box 3160 2012 Suder Kansas City, KS 66103	**SHIPPING ADDRESS:** 3901 Rainbow Blvd MS 1077 2012 Suder Kansas City, KS 66160

AGILITI ASSET ID : 1887879 | **SERIAL #:** 2000065737 | **VENDOR SITE ID:** | **CUSTOMER ASSET ID:**
ASSET TYPE: MONITORING SYSTEMS, PHYSIOLOGIC | **MANUFACTURER:** MASIMO CORP. | **MODEL:** ROOT

SERVICE REQUESTED: PM DUE

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-16-2025

LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Stephanie Dye	PM Not Covered	0.4	M-F 8-5	01/16/25

SERVICE PROVIDED DETAILS

UNIT PASSED ALL REQUIRED TESTING AT THIS TIME

TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
PR3	0380	OXIMETER SIMULATOR	12/05/24
PR1	0105	SIMCUBE	12/04/24
SB7	0102	SAFETY ANALYZER, ESA620	07/24/24

CHECKLIST

PROCEDURE: MONITORS, BEDSIDE, PHYSIOLOGIC

QUESTION	ANSWER
01. Check AC plug/line cord/strain relief	Pass
02. Measure chassis ground resistance (milliOhms)	114
03. Measure chassis leakage current (microAmps)	77
04. Patient Leakage (microAmps)	N/A
05. Check outercase, line cords, rolling stands, wall mounts, modular accessories and interconnecting cables	Pass
06. Check patient interface connections (ECG, IBP, SPO2, Temp, CO2 and NIBP)	Pass
07. Check display panel, feet, screws and handle	Pass
08. Keypad/Control Knob Test	Pass
09. Recorder Test	Pass
10. Display Tests	Pass
11. Pixel Test	Pass
12. Color Test	Pass
13. NIBP Tests - Overpressure Voltage Test	Pass
14. NIBP Tests - Static Pressure Calibration	Pass
15. NIBP Tests - Motor Pump Test	Pass
16. NIBP Tests - Leak Test	Pass
17. NIBP Tests - Dump Test (Adult, Neonate)	Pass
18. NIBP Tests - Bleed Rate Test	Pass
19. NIBP Tests - Overpressure Test (Adult, Pediatric, Neonate)	Pass
20. Voltage and Battery Operation Verification	Pass
21. ECG Tests - Initialization	NA
22. ECG Tests - Leads Off	NA
23. ECG Tests - Pacer Detect	NA
24. ECG Tests - Heart Rate	NA
25. ECG Tests - Alarms	NA
26. IBP 1 and IBP 2 Verification	Pass
27. Temperature Verification	Pass
28. SPO2 Verification	Pass
29. SPO2 Alarm	Pass
30. NIBP Verification	Pass
31. CO2 Operation Verification	Pass

Customer Signature: Date:

Stephanie Dye

4th Febuary 2025