

# Service Report



## WORK ORDER ID: CWKD4080834

WORK ORDER TYPE: Preventative Maintenance

CUSTOMER: KUMC RESEARCH INSTITUTE | DEPARTMENT: 190215-KUMC RESEARCH INSTITUTE-ROUNDS RESEARCH INSTITUTE | ACCOUNT NUMBER: 190215

CONTACT:

CUSTOMER PO#:

CONTACT PHONE:

CUSTOMER REFERENCE:

BILLING ADDRESS: PO Box 3160 Kansas City, KS 66103

SHIPPING ADDRESS: 4330 Shawnee Mission Pkwy. Ste. #1360 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: Asset Onboarding - Initial Preventative Maintenance for 1887923

SERVICE PROVIDED TYPE: Scheduled Maintenance

WORK COMPLETED: 01-24-2024

### LABOR

SERVICE PROVIDER	CATEGORY	HOURS	PERIOD DEFINITION	SERVICE DATE
Marcus Boatwright	PM Not Covered	0.35	M-F 8-5	01/23/24

### SERVICE PROVIDED DETAILS

Completed SM passed all inspection testing

### TEST EQUIPMENT

PREFIX	UNIT	DESCRIPTION	CALIBRATION DATE
DF9	137	DEFIB ANALYZER, IMPULSE 7000DP	05/04/23

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

**ANSWER**

- Pass  
Pass  
Pass  
123  
162  
219  
Pass  
Pass  
Pass  
Pass  
Pass

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Customer Signature:

Date:

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Technician Signature:

Date: