

Quality Management System Instruction Form

Cook® Medical Incorporated

Title:

Laser Service Report

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ocument, the possessor expressly agrees to comply with these terms. "© COPYRIGHT Cook® Medical Incorporated 2016"		CR Number:	CMI-17-187	Check	ked By:	AB 16Aug2017		
The state of the s	ser Serial Number: 2 8 020		- 6462D			Date: 24/10/1		
Please fill out as much in	ormation as possible	in the form below.				21/10/1		
General Information and	Background							
Laser System Type: ②	Odyssey	O H-30						
Laser Own	er (Hospital):	1280	Lind	er Warranty?	○ Yes	○ No		
Custor	mer Number:	11210		one Number:	 	O NO		
Cor	itact Person:	A YAZA		Technician:				
	Email: AY	0 0 507 0	When was the laser la		05/	7012		
By whom was the laser la	st serviced?		Under Servi		O Yes	○ No		
Current Servi	Current Service Location:		Installation Date		<u> </u>	O NO		
	Plug Type:							
			s, explain:					
any information to reason	ably suggest laser car	used or contributed t	o illness or injury to	ant an	O Yes			
		3, 33, 33, 33, 33, 33, 33, 33, 33, 33,	o inicas or injury to par	ent or user?	0,55 () No If yes, explair		
					· · · · · · · · · · · · · · · · · · ·			
Vas laser used for treatme	ent or diagnosis?	Yes No						
<u> 18 - Marija Milatoro, de vold beroer ar elektrik mot Marija (18 a.e.). M</u>								
dditional comments: (Not			Note: Only enter inform	nation if additi	onal inform	etion is applicable		
dditional comments: (Not therwise leave blank.			Note: Only enter inform	nation if additi	onal inform	ation is applicable,		
dditional comments: (Not therwise leave blank.			Note: Only enter inform	nation if additi	onal inform	ation is applicable,		
	e any recent issues a		Note: Only enter inform	nation if additi	onal informa	ation is applicable,		
f this Section does not a	e any recent issues a		Note: Only enter inform	nation if additi	onal informa	ation is applicable,		
f this Section does not apaser Use Information at O	e any recent issues a	nd their resolutions.)	Note: Only enter inform					
dditional comments: (Not therwise leave blank. If this Section does not a aser Use Information at O Pulse Width Mode:	e any recent issues a	nd their resolutions.)		<u> </u>		ation is applicable,		
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Version No.:

Laser Serial Numbe ist Calibrated Equipn PART NUM			1672 J					12
	nent, Tools or T			>		D	ate: 24	10120.
PART NUM		est Equipment L	Jsed					
 4	BER/CPN		CALIBRATION DUE DAT					
Gentec "Maestro	" Power Meter		242057			25/04/20		
Gentec "Maes	stro" Target		224	533		25/		201
BC Medical SA-200	1 Safety Analyze	r				23/(<i>741</i>	601
vice Manual Revision Nu								
ere replacement part	ts used? \(\) Ye	es o No						1709
PART NUME	3ER/CPN		LOTA	IUMBER			DESCRIPTI	ON
Defective Part Disposition	i: Disposed of			Return	ed to COOK Capital E	quipment	-	
al Resolution								
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Laser Serial Number: 29 0 20 -Date: 2 4 hat 2017 If this Section does not apply check box PHD Calibration Verification (data can be replaced with external data sheets, if desired) SHORT PW CAL LONG PW PHD ADJ PHD ADJ RATE LOW HIGH EMIN EMAX LOW HIGH EMIN EMAX 5 Hz 0.5 3.5 0.5 3.0 8 Hz 0.5 3.0 0.5 2.5 10 Hz 0.5 3.0 0.5 2.5 12 Hz 0.5 2.5 0.5 2.0 15 Hz 0.5 1.5 0.5 1.5 20 Hz 0.5 0.5 Final Steps Attach pictures of DAC values and plot from CAL menu, if voltage values changed. If this Section does not apply check box [Short PW Calibration Table (record average output values in User mode) with a 550 μ fiber. **ENERGY** TOLERANCE REP. RATE: 5 Hz 8 Hz 10 Hz 12 Hz 15 Hz 20 Hz 0.5 J 0.45 - 0.55 0.514 0.503 0512 0.6 J 0.54 - 0.66 0.7 J 0.63 - 0.77 0.8 J 0.72 - 0.881.0 J 0.90 - 1.10 1.2 J 1.08 - 1.32 1.5 J 1.35 - 1.65 2.0 J 1.80 - 2.20 2.5 J 2.25 - 2.75 3.0 J 2.70 - 3.30 3.5 J 3.15 - 3.85 If this Section does not apply check box Long PW Calibration Table (record average output values in User mode) with a 550 µ fiber. **ENERGY** TOLERANCE REP. RATE: 5 Hz 8 Hz 10 Hz 12 Hz 15 Hz 20 Hz 0.5 J 0.45 - 0.550251 O.529 0.503 0.6 J 0.54 - 0.66 0.7 J 0.63 - 0.77 0.8 J 0.72 - 0.881.0 J 0.90 - 1.10 1.2 J 1.08 - 1.32 1.5 J 1.35 - 1.65 2.0 J 1.90 1.80 - 2.20 2.5 J



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Laser Serial Number:

29020 - GHGZT

Date: 24/10/2017

Date: 24/10/2017

ELECTRIC	AL SAFETY TEST							
Ground Resistance		UNITS	TOLERANCE	MEASURED	PASS	FAIL		
		OHMS	≤0.27					
Unit	Forward Leakage	NAµA	≤450					
OFF	Reverse Leakage	NAµA	≤450					
Unit	Forward Leakage	NAµA	<450					
ON	Reverse Leakage	NAµA	<450					

Note: If any item of Electrical Safety fail, contact service department immediately. Do not put H30 System back into operation mode. System may need to be returned to service department for service.

Form Submitted By: Assault Submitted By: