MEDICAL	Quality Management System Instruction Form Cook® Medical Incorporated						NAME OF THE PROPERTY OF THE PR		
Title:	Laser Service Report								-Motes occided
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		CR Number:	CMI-17-187	Check	ked By:	AB 16	Aug20	17	
Laser Serial Number	er:C <i>H</i>	200	-021	}		D	ate:	110	119
Please fill out as mud	ch information as po	ossible i	n the form below.						1
General Information	and Background								
Laser System Type:	Odyssey		⊘ H-30						
Laser	Owner (Hospital): (C1.5	310310	Under W	arranty?	○ Yes	O No	.	
С	ustomer Number:	*		Phone I	Number:				30
	Contact Person:			Ted	chnician:	Dono	YA	JE 2.	
	Email:			When was the laser last se	erviced?				000
By whom was the last	ser last serviced?			Under Service C	ontract?	○ Yes	O No	o :	-
Current	Service Location:	**************************************		Installation	on Date:				
	Plug Type:								
				d to illness or injury to patient	or user?	O Yes (>No	If yes, e	xplain:
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Quality Management System Instruction Form

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Quality Management System Instruction Form

Version No.: 4 QMSI18 09-F06 Laser Service Report Laser Serial Number: (// -0205-0217 Date: If this Section does not apply check box PHD Calibration Verification (data can be replaced with external data sheets, if desired) SHORT PW **LONG PW** CAL PHD ADJ PHD ADJ LOW RATE HIGH Емін LOW EMAX 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 0.46 0.46 0.90 0.48 D.W. 0.6 J 0.54 - 0.66 0.7 J 0.63 - 0.77 0.8 J 0.72 - 0.88 1.0 J 0.90 - 1.10 90 1.2 J 1.08 - 1.32 1.5 J 1.35 - 1.65 2.0 J 1.80 1.80 - 2.20 2.5 J 2.25 - 2.75 l O 3.0 J 2.70 - 3.30 3.5 J 2.81 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 - 0.55 0,46 0.49 48 0.46 0.45 0.4 0.6 J 0.54 - 0.66 0.7 J 0.63 - 0.77 0.8 J 0.72 - 0.88 1.0 J 0.90 - 1.10 0.86 1.2 J 1.08 - 1.32 1.00 1.5 J 1.35 - 1.65 1.70 1.30 1.18 2.0 J 1.80 - 2.20 1.67 1.90 2.5 J 2.25 - 2.75 00 3.0 J 2.70 - 3.30



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Quality Management System Instruction Form Laser Service Report

Version No.: 4

Laser Serial Number: LHT0205 - 0217

Date: 12/10/18

	ELECTRICAL SAFETY TEST		TOLERANCE	MEASURED	PASS	FAIL
Grou	nd Resistance	OHMS	≤0.27			
Unit	Forward Leakage	ΝΑμΑ	≤450			
OFF	Reverse Leakage	NAµA	≤450			
Unit	Forward Leakage	NAµA	≤450			
ON	Reverse Leakage	ΝΑμΑ	<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:

s Yanter

Date:

2/10/18

Andres Yañez Area Informática CENCOMEX S.A.

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