| COOK                                                                                                                                                                                                                                                                             | Quality Management System Instruction Form                                                           |          |                       |                                   |                                            |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------|-----------------------|-----------------------------------|--------------------------------------------|--|--|--|--|--|
| MEDICAL                                                                                                                                                                                                                                                                          | Cook® Medical Incorporated                                                                           |          |                       |                                   |                                            |  |  |  |  |  |
| Title:                                                                                                                                                                                                                                                                           | Laser Service Report                                                                                 |          |                       |                                   |                                            |  |  |  |  |  |
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| Laser Serial Numb                                                                                                                                                                                                                                                                | 61111311                                                                                             | -1       | 215                   |                                   | Date: 22/06/2018                           |  |  |  |  |  |
| Please fill out as mu                                                                                                                                                                                                                                                            | ch information as poss                                                                               | sible ir | the form below.       |                                   |                                            |  |  |  |  |  |
| General Information                                                                                                                                                                                                                                                              | and Background                                                                                       |          |                       |                                   |                                            |  |  |  |  |  |
| Laser System Type                                                                                                                                                                                                                                                                | : Odyssey                                                                                            |          | ○ H-30                |                                   |                                            |  |  |  |  |  |
| Laser                                                                                                                                                                                                                                                                            | Owner (Hospital):                                                                                    | nical)   | de los Andes          | Under Wa                          | rranty? O Yes O No                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                  | Sustomer Number:                                                                                     | ine o    | OC W3 HIWS            | Phone N                           | ,                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                  | Contact Person:                                                                                      |          |                       |                                   | inician: Andrés Jarez                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                  | Email:                                                                                               |          |                       | When was the laser last ser       |                                            |  |  |  |  |  |
| By whom was the la                                                                                                                                                                                                                                                               | ser last serviced?                                                                                   |          |                       | Under Service Co.                 |                                            |  |  |  |  |  |
| Current                                                                                                                                                                                                                                                                          | Service Location:                                                                                    |          |                       | Installation                      |                                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                  | Plug Type:                                                                                           |          |                       |                                   |                                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                  | nmental condition?                                                                                   | _ Y      | es No If ye           |                                   |                                            |  |  |  |  |  |
| , iii, dilabaa oiliila                                                                                                                                                                                                                                                           | Timorital condition:                                                                                 |          | <b>O 110</b> 11 ye    | es, explain:                      |                                            |  |  |  |  |  |
| Any information to re                                                                                                                                                                                                                                                            | easonably suggest lase                                                                               | er cau   | sed or contributed    | to illness or injury to patient o | r user? O Yes No If yes, explain:          |  |  |  |  |  |
| Was laser used for tr                                                                                                                                                                                                                                                            | eatment or diagnosis?                                                                                | 0        | Yes No                |                                   |                                            |  |  |  |  |  |
| Additional comments otherwise leave blan                                                                                                                                                                                                                                         | : (Note any recent issu<br>k.                                                                        | ues ar   | nd their resolutions. | ) Note: Only enter information    | n if additional information is applicable, |  |  |  |  |  |
| If this Section does                                                                                                                                                                                                                                                             | not apply check box                                                                                  |          |                       |                                   |                                            |  |  |  |  |  |
| Laser Use Informatio                                                                                                                                                                                                                                                             | n at Occurrence                                                                                      |          |                       |                                   |                                            |  |  |  |  |  |
| Pulse Width Mod                                                                                                                                                                                                                                                                  | de: Short O                                                                                          | Long     |                       | Repetition Rate (Hz):             | 5 08 010 012 015 020                       |  |  |  |  |  |
| Pulse Ener                                                                                                                                                                                                                                                                       | gy:                                                                                                  |          |                       | Fiber Size(s) Used (µm):          |                                            |  |  |  |  |  |
| Total Energy Deliver                                                                                                                                                                                                                                                             | ed: To                                                                                               | otal Tin | ne:                   | ○ 150 ○ 200 ○ 273                 | ○ 150 ○ 200 ○ 273 ○ 365 ○ 550 ○ 940        |  |  |  |  |  |
| In what operational state(s) was the laser when the issue occurred?  Standby Transition Ready Preparatory Lasing                                                                                                                                                                 |                                                                                                      |          |                       |                                   |                                            |  |  |  |  |  |
| If this Section does                                                                                                                                                                                                                                                             | not apply check box [                                                                                |          |                       |                                   |                                            |  |  |  |  |  |
| Note any error code(s                                                                                                                                                                                                                                                            |                                                                                                      |          |                       |                                   |                                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                              |          |                       |                                   |                                            |  |  |  |  |  |
| General Description of                                                                                                                                                                                                                                                           |                                                                                                      |          |                       |                                   |                                            |  |  |  |  |  |
| Equipo en                                                                                                                                                                                                                                                                        | n buen estac                                                                                         | do       | y sin apak            | Pentes danos físi                 | cos.                                       |  |  |  |  |  |
| Nork Performed (Incl                                                                                                                                                                                                                                                             | ude Troubleshooting)                                                                                 |          |                       |                                   |                                            |  |  |  |  |  |
| ,                                                                                                                                                                                                                                                                                |                                                                                                      |          |                       |                                   |                                            |  |  |  |  |  |



Document Number:

## Quality Management System Instruction Form

| Were replacement parts used? Yes No  LOT NUMBER  DESCRIPTION  HUP-WF  55/0876  Filter de Agua.  Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali beación del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la próxima mantención, reimplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Capitalservice@cookmedical.com  VALUE  NITTIAL VALUE  E1  E2  FINAL VALUE  NINT:  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  EXT:  RIPLICATION  EXT:  RIP | MEDICAL QMSI18_09-F06 Laser Service Report Version No.: |                      |                                  |                       |                          |                     |                          |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------|----------------------------------|-----------------------|--------------------------|---------------------|--------------------------|--|--|--|
| ## PART NUMBER/CPN Gentec "Maestro" Power Meter Gentec "Maestro" Target  Gentec "Maestro" Target  BC Medical SA-2001 Safety Analyzer  BC Medical SA-2001 Safety Analyzer  Service Manual Revision Number:  Were replacement parts used? Yes No  PART NUMBER/CPN LOT NUMBER  DESCRIPTION  HUP-WF  SS 10876 Filter de Agua  Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali beación del equipo, mantención preventiva donde se efectiva cambio de Filtre de agua y el combio de agua.  Verificar estado de blastshield en la proxima mantención, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box  VALUE  NITIAL VALUE  E1  E2  FINAL VALUE  NIT:  EXT:  E | Laser Serial Number:                                    |                      |                                  |                       |                          |                     |                          |  |  |  |
| Gentec "Maestro" Power Meter  Gentec "Maestro" Target  Gentec "Maestro" Target  BC Medical SA-2001 Safety Analyzer  Service Manual Revision Number:  Were replacement parts used? O Yes O No  PART NUMBERICPN  LOT NUMBER  DESCRIPTION  HUP-WP  SS 108 RG  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali beación del equipo, mantención preventiva donde se efectiva Cambio de Filtreo de agua.  Verificar estado de blastshield en la proxima mantención, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box  Value   Nittal Value   E1   E2   Final Value   E1   E2   E1  | List Calibrated Equip                                   | ment, Tools or Te    | st Equipment Used                |                       |                          |                     |                          |  |  |  |
| Gentec "Maestro" Target  BC Medical SA-2001 Safety Analyzer  BC Medical SA-2001 Safety Analyzer  Service Manual Revision Number:  Were replacement parts used? O Yes O No  H PART NUMBER/CPN LOT NUMBER DESCRIPTION  HUP - WF 55/08 76 Filtro de Agua.  Defective Part Disposition: Disposed of Returned to COOK Capital Equipment  Final Resolution  See Realiza cali beacci o'n del equipo; mantenci on preventiva donde se efectiva agua.  Verificar estado de blastshield en la proxima mantencion, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Cationation  FINAL VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD OPPRET (10Hz, 0.5.) MIN: MAX: MIN: MAX:  PHD OPPRET (10Hz, 0.5.) MIN: MAX: MIN: MAX: MIN: MAX:  PHD OPPRET MAINSOLEPPUE MAX: MIN: M | + PART NU                                               | MBER/CPN             | I.D. NUMBER CALIBRATION DUE DATE |                       |                          |                     |                          |  |  |  |
| Gentec "Maestro" Target  BC Medical SA-2001 Safety Analyzer  Service Manual Revision Number:  Were replacement parts used? Yes No  HPART NUMBER/CPN  LOT NUMBER  DESCRIPTION  HUP-WF  SS 108 R(a)  Fitheo de Agua  Returned to COOK Capital Equipment  Final Resolution  See Realiza cali beación del equipo; mantención preventiva donde se efectiva cambio de Fitheo de Agua.  Verificar estado de blastshield en la proxima mantención, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  WALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD organ  MIN: MAX:  PHD programs MIN: MAX:  PLO PROGRAMS  | Gentec "Maest                                           | ro" Power Meter      | 24                               | 2057                  | 04                       | 12017               |                          |  |  |  |
| BC Medical SA-2001 Safety Analyzer  Service Manual Revision Number:  Were replacement parts used? O Yes O No  + PART NUMBER/CPN LOT NUMBER DESCRIPTION  HUP-WF 55/0876 Filter de Agua.  Defective Part Disposition: Disposed of Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali bración del equipo; mantención preventiva donde se efectiva Cambio de Filter de agua y el cambio de agua.  Verificar estado de blastshield en la proxima mantención, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  WALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD DEPARTMENTATION MIN: MAX: MIN: MAX:  PHD DEPARTMENTATION MIN: EXT: NT: EXT:  PHD PRIADIPAGEMENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gentec "Ma                                              | estro" Target        | 224                              | 4533                  |                          |                     |                          |  |  |  |
| Were replacement parts used? Yes No  LOT NUMBER  DESCRIPTION  HUP-WF  55/0876  Filter de Agua.  Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali bración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la proxima mantención, reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Capitalservice@cookmedical.com  VALUE  INITIAL VALUE  E1  E2  FINAL VALUE  NINT:  EXT:  PID PARENTION  EXT:  EXT:  NINT:  EXT:  EXT: | BC Medical SA-20                                        | 01 Safety Analyzer   |                                  |                       |                          |                     |                          |  |  |  |
| Were replacement parts used? Yes No  LOT NUMBER  DESCRIPTION  HUP-WF  55/0876  Filter de Agua.  Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali bración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la proxima mantención, reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Capitalservice@cookmedical.com  VALUE  INITIAL VALUE  E1  E2  FINAL VALUE  NINT:  EXT:  PID PARENTION  EXT:  EXT:  NINT:  EXT:  EXT: |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |
| Were replacement parts used? Yes No  LOT NUMBER  DESCRIPTION  HUP-WF  55/0876  Filter de Agua.  Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali beación del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la próxima mantención, reimplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Capitalservice@cookmedical.com  VALUE  NITTIAL VALUE  E1  E2  FINAL VALUE  NINT:  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  EXT:  RIPLICATION  EXT:  RIP |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |
| Were replacement parts used? Yes No  LOT NUMBER  DESCRIPTION  HUP-WF  55/0876  Filter de Agua.  Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali beación del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la próxima mantención, reimplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Capitalservice@cookmedical.com  VALUE  NITTIAL VALUE  E1  E2  FINAL VALUE  NINT:  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  RIPLICATION  EXT:  EXT:  RIPLICATION  EXT:  RIP |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |
| The part Number/CPN  LOT Number  Description  HUP-WF  55/0876  Filter de Agua.  Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali bración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la próxima mantención, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD GETSET (10Hz, 0.5J)  MIN: MAX:  MAX:  PHD POTENTICALEFRIE  INT: EXT:  INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |
| HLP-WF 55/0876 Filtro de Agua.  Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se realiza calibración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la próxima mantención, reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  Value Initial Value E1 E2 Final Value E1 E2  PHD GETSET (10Hz, 0.5)  MIN: MAX:  PHD POTENTIAL FERENCOARSE INT: EXT:  INT: EXT:  PHD POTENTIAL FERENCOARSE INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Were replacement pa                                     | arts used? O Yes     | s O No                           |                       |                          |                     |                          |  |  |  |
| Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza calibración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la proxima mantención, reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box   Calibration  WALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD POTENTIONETERICOMASE (10HZ, 3.0.)  PHD POTENTIONETERICOMASE (10HZ, 3.0.)  INT: EXT: INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | + PART NUI                                              | MBER/CPN             |                                  | LOT NUMBER            |                          | D                   | ESCRIPTION               |  |  |  |
| Defective Part Disposition: Disposed of  Returned to COOK Capital Equipment  Final Resolution  Se Realiza cali bración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la próxima mantención, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD POTENTIAL VALUE E1 E2  FINAL VALUE INITIAL VALUE E1 E2  PHD POTENTIAL VALUE EXT: INIT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HLP-1                                                   | J F                  |                                  | 5510871               | Q                        | Fitheo              | de Agua.                 |  |  |  |
| Final Resolution  Se realiza calibración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la proxima mantención, reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD POTENTIONETER/COARSE (10Hz, 0.5J)  MIN: MAX:  MAX: INT: EXT:  PHD POTENTIONETER/COARSE (10Hz, 0.5J)  INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |                      |                                  |                       |                          |                     | <u> </u>                 |  |  |  |
| Final Resolution  Se Realiza calibración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la proxima mantención, reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE   INITIAL VALUE   E1   E2   FINAL VALUE   E1   E2   PHD OFFEST (10Hz, 0.5J)   MIN: MAX: MIN: MAX:  PHD POLICISCALEFINE   INT: EXT:   INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |
| Se Realiza calibración del equipo; mantención preventiva donde se efectiva Cambio de Filtro de agua y el cambio de agua.  Verificar estado de blastshield en la próxima mantención, reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD POTENTIOMETERICOARSE (10HZ, 3.0.J)  PHD POLESCALEFINE (10HZ, 3.0.J)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Defective Part Dispositi                                | ion: Disposed of     |                                  | Re                    | turned to COOK Capital E | quipment            |                          |  |  |  |
| Verificar estado de blastshield en la proxima mantención, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD OFFSET (10Hz, 0.5J) MIN: MAX: MIN: MAX:  PHD POTENTIONETERICOARSE (10HZ, 3.0J) INT: EXT:  PHD FULLSCALEFINE INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Final Resolution                                        |                      |                                  |                       |                          |                     |                          |  |  |  |
| Verificar estado de blastshield en la proxima mantención, Reemplazar de ser necesario.  Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD OFFSET (10Hz, 0.5J) MIN: MAX: MIN: MAX:  PHD POTENTIONETERICOARSE (10HZ, 3.0J) INT: EXT:  PHD FULLSCALEFINE INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Se reali                                                | za calibra           | ción del ec                      | wipo; mant            | ención Deorby            | tive donde          | so efection              |  |  |  |
| Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD offset (10Hz, 0.5J) MIN: MAX: MIN: MAX:  PHD potentiometer/coarse (10Hz, 3.0J) INT: EXT: INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cambio de s                                             | Filtreo de           | agua y el                        | cambio de             | agua.                    | 117000 0.0100       | y se of conse            |  |  |  |
| Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD offset (10Hz, 0.5J) MIN: MAX: MIN: MAX:  PHD potentiometer/coarse (10Hz, 3.0J) INT: EXT: INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Verificar                                               | estado o             | le blastshi                      | old en la p           | Poxima mar               | tondin De           | emolazas                 |  |  |  |
| Cook welcomes your feedback at capitalservice@cookmedical.com  If this Section does not apply check box Calibration  VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2  PHD offset (10Hz, 0.5J) MIN: MAX: MIN: MAX:  PHD potentiometer/coarse (10Hz, 3.0J) INT: EXT: INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | de ser ne                                               | æsapio.              |                                  | 1                     |                          | 1010/1/ 20          | 21 Paralle               |  |  |  |
| VALUE         INITIAL VALUE         E1         E2         FINAL VALUE         E1         E2           PHD offset (10Hz, 0.5J)         MIN:         MAX:         MIN:         MAX:           PHD potentiometericoarse (10Hz, 3.0J)         INT:         EXT:         INT:         EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |
| VALUE         INITIAL VALUE         E1         E2         FINAL VALUE         E1         E2           PHD offset (10Hz, 0.5J)         MIN:         MAX:         MIN:         MAX:           PHD potentiometericoarse (10Hz, 3.0J)         INT:         EXT:         INT:         EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If this Section does                                    | not apply check by   | ny /                             |                       |                          |                     |                          |  |  |  |
| PHD 60FSET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Calibration                                             |                      |                                  |                       |                          |                     |                          |  |  |  |
| (10Hz, 0.5J) MIN: MAX: MIN: MAX:  PHD POTENTIOMETERICOARSE (10HZ, 3.0J) INT: EXT: INT: EXT:  PHD FULLSCALEFINE INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         | INITIAL VALUE        | E1                               | E2                    | FINAL VALUE              | E1                  | E2                       |  |  |  |
| (10HZ, 3.0J) INT: EXT: INT: EXT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |                      | MIN:                             | MAX:                  |                          | MIN:                | MAX:                     |  |  |  |
| I INT. IEVT. I INT. IEVT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                      | INT:                             | EXT:                  |                          | INT:                | EXT:                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                      | INT:                             | EXT:                  |                          | INT:                | EXT:                     |  |  |  |
| PHD SHUTTER CLOSED OPEN: CLOSED: OPEN: CLOSED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                      | OPEN:                            | CLOSED:               |                          | OPEN:               | CLOSED:                  |  |  |  |
| Notes (calibration, tuning, centration, alignment, etc.) Note: Only enter information if additional information is applicable, otherwise leave bla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jotes (calibration, tun                                 | ing centration ali   | anment etc.) Note                | : Only enter informat | on if additional inform  | ation is applicable | othorwing logue blank    |  |  |  |
| Constitution, terming, contration, diagrament, etc.) Note. Only office information is applicable, otherwise leave bia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | totos (dansiation, tai                                  | mig, contration, and |                                  | . Only Chici informat | on il additional illioni |                     | , otherwise leave blank. |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                      |                                  |                       |                          |                     |                          |  |  |  |



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Version No.: 4

LHT 1311-1215 Laser Serial Number:

Date:

22/06/2018

| f this Sect | tion does not app  | ly check box   |                 |                   |                |      |      |      |
|-------------|--------------------|----------------|-----------------|-------------------|----------------|------|------|------|
| HD Calibra  | ation Verification | (data can be r | eplaced with ex | ternal data sheet | s, if desired) |      |      |      |
| CAL         | SHORT PW           |                |                 |                   | 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 o | of DAC values and   | plot from CAL mer   | nu, if voltage valu | es changed.         |       |       |       |
|                   | does not apply che  |                     |                     |                     |       |       |       |
| Short PW Calibr   | ration Table (recor | d average output va | lues in User mo     | de) with a 550 µ fi | ber.  |       |       |
| ENERGY            | TOLERANCE           | REP. RATE: 5 Hz     | 8 Hz                | 10 Hz               | 12 Hz | 15 Hz | 20 Hz |
| 0.5 J             | 0.45 - 0.55         | 0.51                | 0.51                | 0.50                | 0.51  | 0.49  | 0.51  |
| 0.6 J             | 0.54 - 0.66         |                     |                     |                     |       |       | 0.01  |
| 0.7 J             | 0.63 - 0.77         |                     |                     |                     |       |       |       |
| 0.8 J             | 0.72 - 0.88         |                     |                     |                     |       |       |       |
| 1.0 J             | 0.90 - 1.10         |                     |                     |                     |       | 0.97  |       |
| 1.2 J             | 1.08 - 1.32         |                     |                     |                     |       |       |       |
| 1.5 J             | 1.35 - 1.65         |                     |                     |                     | 1,44  | 1.49  |       |
| 2.0 J             | 1.80 - 2.20         | 1.82                | 1.92                | 1.84                |       |       |       |
| 2.5 J             | 2.25 - 2.75         |                     |                     |                     | 2.30  |       |       |
| 3.0 J             | 2.70 - 3.30         |                     | 2.43                | 2.53                |       |       |       |
| 3.5 J             | 3.15 - 3.85         | 2.63                |                     |                     |       |       |       |

| If this Section d | loes not apply che  | ck box              |                 |                     |       |       |       |
|-------------------|---------------------|---------------------|-----------------|---------------------|-------|-------|-------|
| Long PW Calibra   | ation Table (record | l average output va | lues in User mo | ode) with a 550 µ f | iber. |       |       |
| ENERGY            | TOLERANCE           | REP. RATE: 5 Hz     | 8 Hz            | 10 Hz               | 12 Hz | 15 Hz | 20 Hz |
| 0.5 J             | 0.45 - 0.55         | 0.48                | 0.49            | 0.47                | 0.51  | 0.49  | 0.48  |
| 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         |                     |                 |                     |       | 0.94  |       |
| 1.2 J             | 1.08 - 1.32         |                     |                 |                     | 1.16  | V- I  |       |
| 1.5 J             | 1.35 - 1.65         |                     | 1.40            | 1.43                |       | 1.42  |       |
| 2.0 J             | 1.80 - 2.20         | 1.71                |                 |                     | 1,85  |       |       |
| 2.5 J             | 2.25 - 2.75         |                     | 2.10            | 2.12                | 1.00  |       |       |
| 3.0 J             | 2.70 - 3.30         | 2.50                |                 |                     |       |       |       |



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|      | AL SAFETY TEST  | UNITS | TOLERANCE | MEASURED | PASS | FAIL |
|------|-----------------|-------|-----------|----------|------|------|
| Grou | nd Resistance   | OHMS  | ≤0.27     |          |      |      |
| Unit | Forward Leakage | ΝΑμΑ  | ≤450      |          |      |      |
| OFF  | Reverse Leakage | ΝΑμΑ  | ≤450      |          |      |      |
| Unit | Forward Leakage | ΝΑμΑ  | ≤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: | Dona | YANTOL | Date: | 22/06/18 |
|--------------------|------|--------|-------|----------|
|                    |      |        |       |          |