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COOK*	Quality Manag		stem Instruction	n Form		Andreas Marian Control of Control
Title:	Laser Service R	eport				
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proprietary trade secret info	Cook Medical. It contains confidential ormation and must not be copied. The	Document Num	nber: QMSI18_09-F06	Original Date:	30Sep2016	
recipient for the specific use fo strictly prohibited. This docur	on it contains can be used only by the r which it was requested. All other use is ment must be returned to Cook Medical y Cook Medical. By possession of this	Version Number	er: 4	Effective Date:	18Aug2017	
document, the possessor expr	essly agrees to comply with these terms. ok® Medical Incorporated 2016"	CR Number:	CMI-17-187	Checked By:	AB 16Aug201	7
Laser Serial Numb		11215		D	vate: 23/01	/14
Please fill out as mu	ch information as possible i	n the form below.				
General Information	and Background					
Laser System Type	: Odyssey	Ø H-30				
Laser	Owner (Hospital): C(.()	(os ADES	Under Wa	arranty? O Yes	Ø No	<u> </u>
C	Customer Number:	00.70002	Phone N		14 9640Z	-
	Contact Person:					
	Email:		When was the laser last se	13-000	O Concoras	01
By whom was the la	ser last serviced?	200650	Under Service Co	NIMEL	() No	101
	Service Location:	COCIN	Installatio			<u> </u>
	Plug Type: 2 7 6	27		ar Bate.		<u> </u>
		<u> </u>				
Any unusual enviro	nmental condition?	^{′es} ⊘No Ify	es, explain:			
		· · · · · · · · · · · · · · · · · · ·				
Any information to re	easonably suggest laser car	ised or contributed	to illness or injury to patient of	or user? O Yes (⊘No Ifyes, e	vnlain:
	Jaconaby Jaggost Jacon Ja	aged of contributed	nto liness of injury to patient t	oruser: ((→ NO II yes, e	хріаін.
						
Was laser used for tr	eatment or diagnosis?	Yes No				
		nd their resolutions	s.) Note: Only enter informatio	n if additional inforn	nation is applicable	
otherwise leave blan	k.					
						
If this Section does	not apply check box					
Laser Use Informatio	n at Occurrence					
Pulse Width Mo	de: Short Long	I	Repetition Rate (Hz):	5 08 010	O 12 O 15 C	20
Pulse Ener	gy:		Fiber Size(s) Used (µm):			
Total Energy Deliver	ed: Total Tir	ne:	○ 150 ○ 200 ○ 273 ○ 365 ○ 550 ○ 940		940	
In what operational s	state(s) was the laser when the	issue occurred?	◯ Standby ◯ Trans	ition (Ready (◯ Preparatory ◯ L	asing
If this Section does	not apply check box					
Note any error code(s) that was present:					

Work Performed (Include Troubleshooting)

Phoslem + - 80% onen By

General Description of Issue:

opens tivo.



Document Number:

Quality Management System Instruction Form

welcomes your feedback at capitalservice@cookmedical.com S Section does not apply check box Tation VALUE INITIAL VALUE E1 E2 FINAL VALUE E1 E2 OFFSET C, 0.5.1) MIN: MAX: MIN: MAX: POTENTIONETERICOARSE INT: EXT: INT: EXT: HD FULLSCALEFINE INIT: EXT: INIT: EXT: INIT: EXT: EXT: INIT: EXT: INIT: EXT: INIT: EXT: EXT:	t Calibrated Equi					Dat	e: 23/01/	1,	
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Quality Management System Instruction Form

Version No.: 4 QMSI18 09-F06 Laser Service Report MEDICAL Laser Serial Number: 3111715 If this Section does not apply check box 📉 PHD Calibration Verification (data can be replaced with external data sheets, if desired) SHORT PW CAL **LONG PW** PHD ADJ PHD ADJ LOW RATE HIGH LOW EMIN EMAX HIGH EMAX EMIN 5 Hz 0.5 3.5 0.5 3.0 8 Hz 0.5 3.0 0.5 2.5 10 Hz 0.5 3.0 0.5 2.5 12 Hz 0.5 2.5 0.5 2.0 15 Hz 0.5 1.5 0.5 1.5 20 Hz 0.5 0.5 Final Steps Attach pictures of DAC values and plot from CAL menu, if voltage values changed. If this Section does not apply check box Short PW Calibration Table (record average output values in User mode) with a 550 µ fiber. **ENERGY** TOLERANCE REP. RATE: 5 Hz 8 Hz 10 Hz 12 Hz 15 Hz 20 Hz 0.5 J 0.45 - 0.55 0.49 0.50 0.49 0.51 0.6 J 0.54 - 0.660.7 J 0.63 - 0.77 0.8 J 0.72 - 0.881.0 J 0.90 - 1.10 0. 8+ 1.2 J 1.08 - 1.32 1.5 J 1.35 - 1.65 45 40 2.0 J 1.80 - 2.20 81 20Y 2.5 J 2.25 - 2.75 25 3.0 J 10 2.70 - 3.303.5 J 3.15 - 3.85 If this Section does not apply check box [Long PW Calibration Table (record average output values in User mode) with a 550 μ fiber. **ENERGY TOLERANCE** REP. RATE: 5 Hz 8 Hz 10 Hz 12 Hz 20 Hz 15 Hz 0.5 J 0.45 - 0.55 0.91 0.51 0.51 0.46 0.57 0.47 0.6 J 0.54 - 0.660.7 J 0.63 - 0.77 0.8 J 0.72 - 0.881.0 J 0.90 - 1.10 0.97 1.2 J 1.08 - 1.32 US 47 1.5 J 28 1.35 - 1.65 00 2.0 J 1.80 - 2.20 50 2.5 J 2.25 - 2.75 2. 35 28 3.0 J 2.70 - 3.30



Document Number: QMSI18_09-F06

Quality Management System Instruction Form Laser Service Report

Version No.: 4

Laser Serial Number: 244 1311 1215

Date: 23/0/10

ELECTRICA	AL SAFETY TEST	UNITS	TOLERANCE	MEASURED	DACC	FAII
Groui	nd Resistance	OHMS	<u><0.27</u>	WEASURED	PASS	FAIL
Unit	Forward Leakage	NAµA	≤450			
OFF	Reverse Leakage	NAµA	≤450			
Unit	Forward Leakage	NAµA	≤450			
ON	Reverse Leakage	МАµА	≤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:	A-one	PASO	Date: 23/)
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