

LifePulse High Frequency Ventilator Model 204

GENERAL INFORMATION:

Hospital Name: _____

Service Date: _____

Serial Number: _____

Hour Meter Reading: _____

TYPE OF SERVICE:

- Preventative Maintenance (every year / 2000 Hours)
- 6000-Hour Component Replacement
- Battery Replacement (every 3 years)
- Calibration
- Operational Verification
- Other: _____

PART REPLACEMENT (Refer to Packing List for Part Information):

Part #	Description	Lot #	Qty

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SERVICE REQUIREMENTS:

- Inspect Lower Interior
- Inspect Bezel & Upper Interior
- Inspect Rear Panel & Interior
- Clean PWM Valves
- Replace Gas Filter Element
- System Voltage Level Verification: Power Alarms, HFV Driver, HFV Processor, Humidifier Processor, Display Driver (each voltage measures 11.8 to 12.2 Vdc)
- Battery Level Verification
 - Top Green LED Extinguishes: 11.8 to 12.0 Vdc
 - Battery Alarms (Low Level: nominal 11.2 Vdc , Battery Depleted Level: nominal 11.0 Vdc, Battery Standby Level ≥ 10.8 Vdc)
- Replace Check Valve (6000 hrs)
- Replace PWM Valves (6000 hrs)
- Replace Contact Pins (6000 hrs)
- Replace Battery (every 3 calendar years)

Ventilator Calibration Requirements:

Parameter	Minimum	Maximum
Airway Pressure @0 cm H ₂ O	0.091	0.109
Airway Pressure @80 cm H ₂ O	79.1	80.9
PWM Valve Leak Check	001	009
Servo Pressure @0	001	009
Servo Pressure @22	21.5	22.5
25 psi Relief Valve (psi)	23.7	26.2
Pressure Switch (psi)	31	29
8 psi Relief Valve (psi)	7.6	8.4
Purge Pressure (psi)	5.5	6.5
O ₂ Port (lpm)	1.3	2.2
IRQ (Hz)	19.6	20.4
Gas Temp - Low (°C)	24.8	25.2
Gas Temp - High (°C)	48.2	48.6
Water Temp - Low (°C)	24.8	25.2
Water Temp - High (°C)	48.2	48.6

Completed Burn-In, if required for Part Replacement
Operational Verification Passed including Battery Run Time ≥ 15 minutes

The undersigned technician certifies and attests that the Bunnell LifePulse High Frequency Ventilator Model 204 service activity(ies) indicated above have been completed as appropriate per Type of Service. The HFV unit meets all calibration requirements. All components replaced have been identified. All activities have been performed in accordance with the Bunnell Service Manual.

Technician's Name (printed): _____

Signature: _____ **Date:** _____

Technician's Contact: phone: _____ **email:** _____

RETURN COMPLETED & SIGNED FORM TO - fax: 801-467-0867 or email: Info@bunl.com

Bunnell Incorporated * 436 Lawndale Drive * Salt Lake City * Utah * 84115
Service Support 801-467-0800 (during business hours)