

Patient Box Model 314

GENERAL INFORMATION:

Hospital Name: _____

Service Date: _____

Serial Number: _____

TYPE OF SERVICE:

- Preventative Maintenance (every year)
- Airway Pressure PCB Replacement (every 3 years)
- Calibration
- Operational Verification
- Other: _____

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

Part #	Description	Lot #	Qty	Part #	Description	Lot #	Qty

Service Requirements:

- Inspect External and Internal Hardware
- Inspect Cable, Wire, Terminations
- Inspect and Align Solenoid
 - Lubricate Solenoid
 - Replace Isolator Standoffs
 - Replace Spring Dampener
- Inspect Airway Pressure PCB Assembly
- Replace Airway Pressure PCB Assembly (Every 3 years)

Patient Box Calibration Requirements:

Parameter	Minimum	Maximum
Airway Pressure @ 0 cm H ₂ O	9.950	10.050
Airway Pressure @ 80 cm H ₂ O	1.950	2.050
Pinch Gap (in)	-	0.084
Pinch Pressure (lbs)	2.4	-

Patient Box Operational Verification requirements:

Parameter	Min.	Max.
Servo Pressure @ PIP=20, Rate= 420	2.2	3.7
Servo Pressure @ PIP=50, Rate =660	5.7	8.6

Completed Burn-In, if required for Part Replacement,
Operational Verification Passed

The undersigned technician certifies and attests that the Bunnell Patient Box Model 314 service activity(ies) indicated above have been completed as appropriate per Type of Service. The patient box 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)