

Service Work Order # WO-00005742

Billing Type: Contract			
BILL TO:		Service Performed At	
Contact Phone: (815) 562-2181			
Contact Name: Joy Miller		Site: Rochelle Community Hospital	
Customer PO:	Billing Address: 900 N 2ND St Rochelle, IL 61068-1764	Site Address: 900 N. 2nd Street Rochelle, IL 61068	

Date	Employee Name	Unit Serial #	Model Name
08/26/2019	Graham Peterson	5H0264	1000-0004

Confirm Customer request: PM Request	Service Esc:
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☒ Service
 ☐ Installation
 ☒ PM
 ☐ Demo
 ☐ Calibration
 ☐ Tech Support
 ☐ Complaint Valid
 ☐ Package Labeling
 ☐ Event Injury/MDR

Evaluation/Investigation:	
<input type="checkbox"/> Repair Request <input type="checkbox"/> Improper Use <input checked="" type="checkbox"/> No Investigation Required <input type="checkbox"/> Shipping Damage <input type="checkbox"/> Prod/Malfunction <input type="checkbox"/> Failed/Specifications	

Conclusion: PHI FRM 0731 PM Passed. All tests passed per manufacturers specifications. Unit is functional and ready for use.	<input type="checkbox"/> Verified Options per Sales Order <input type="checkbox"/> FDA-2579 <input checked="" type="checkbox"/> System Checklist FRM 0158 <input type="checkbox"/> Removed
<input type="checkbox"/> Repaired <input type="checkbox"/> Calibration Complete <input type="checkbox"/> User Training <input checked="" type="checkbox"/> Meets Manufacturer Specification <input type="checkbox"/> Recall <input type="checkbox"/> Further investigation required	

Enter failure codes-FRM 0532B:

Error Location: 0 Administration

Group Code: NoFailure

Error Type: NO Not Applicable

[X] Additional Information: Place information on additional Service Work Orders(s) and cross reference WO numbers on each additional report

The following times are not approved and should not be included on this report; Time to and from Home & Airport and Time waiting at Airport			
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Labor	Start Date/Time	End Date/Time	Qty
	08/26/2019 9:30 AM	08/26/2019 10:30 AM	1
Total			1

Travel	Start Date/Time	End Date/Time	Qty
Travel Time & Expense Service	08/26/2019 7:45 AM	08/26/2019 9:20 AM	1.58
Travel Time & Expense Service	08/26/2019 11:00 AM	08/26/2019 12:30 PM	1.5
Total			3.08

Part	Qty	Description	Serial Number	Is Billable
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Test Equipment Model	Serial Number	Next Calibration Date
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WO-00005742 Mon,26 Aug 2019 11:48:02 AM WO
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WO-00005742 Mon,26 Aug 2019 11:48:02 AM WO

Technician Signature

Date:08/26/2019

Graham Peterson

WO-00005742 Mon,26 Aug 2019 11:48:07 AM WO
WO-00005742 Mon,26 Aug 2019 11:48:07 AM WO
WO-00005742 Mon,26 Aug 2019 11:48:07 AM WO
WO-00005742 Mon,26 Aug 2019 11:48:07 AM WO
WO-00005742 Mon,26 Aug 2019 11:48:07 AM WO
WO-00005742 Mon,26 Aug 2019 11:48:07 AM WO
WO-00005742 Mon,26 Aug 2019 11:48:07 AM WO

Joy Miller

Signature of Customer Acknowledges Services Performed

Date:08/26/2019

Printed Name of Customer