NAZARETH HOSPITAL

E.D.

April 13, 1992

Mr. Duncan White
United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406

Re: Docket No. -030-00488
License No. -37-09995-02
Control No. -115056

Dear Mr. White:

Pursuant from our telephone conversation on April 8, 1992 I am requesting that our teletherapy unit, with its newly installed Cobalt Source, be put on storage status.

Please be advised that in December 1991 during a planned replacement of the Cobalt Source in our AECL teletherapy unit by Neutron Products, Inc., Dickerson, Maryland, serious cracks in the beam stopper were revealed and the unit was taken out of service for patient care.

Currently, Hospital Management is evaluating the options available to us regarding this unit and its replacement.

Thank you for your cooperation in this matter. Any further questions can be directed to my office.

Sincerely,

Sister M. Michael

Sister M. Michael
Vice President for Patient Services

SMM/mt
cc: Joseph C. Clarke, M.D.
Radiation Safety Officer
Barbara Lambert, M.D.
Chairman
Radiation Therapy Department

Bob Stanton, PhD
Cooper Hospital/University Medical Center
1 Cooper Plaza
Camden, New Jersey 08103

2601 HOLME AVENUE • PHILADELPHIA, PA 19152 • 215-335-6000

Sponsored by the Sisters of the Holy Family of Nazareth

THERATRONICS

IMPORTANT SAFETY WARNING

REGISTERED

June 1, 1992

Dear Ms. Elinski

This letter is to advise you that your Theratron 80 teletherapy unit has a crack in a structural component and should be immediately withdrawn from service.

Continued use of a unit with cracks might result in sudden structural failure that could cause injury or death of a patient or operator.

Theratronics previously informed you that Theratron 60 and 80 units had exceeded their useful safe life (Theratronics User Bulletins CUB-91-04 and CUB-87-3, attached) and should be withdrawn from service (Theratronics User Bulletin CUB-91-04). This notice is intended to repeat those instructions and to provide an additional warning that continued use of a machine in which cracks in structural components have been detected presents significant safety concerns.

In response to our prior notices, a number of users undertook inspections of the Theratron 60 and 80 units. From those inspections, some of the units were determined to have cracks due to age in their structural components. Our records indicate that your facility identified cracks in your Theratron unit. **Consequently, your facility's machine should be immediately withdrawn from service.**

In keeping with the above recommendation, Theratronics will not offer routine maintenance contracts nor perform routine maintenance for your Theratron unit.

If you have any questions concerning this bulletin of your teletherapy machine, please contact Theratronics Technical Support at: (800) 361-0703.

Yours truly,

H. M. F. Warland
President

Theratronics
International Limited
413 March Road
P.O. Box 13140
Kanata Ontario Canada
K2K 2B7
(613) 591 2100
Fax (613) 592 3816
Telex 053 4416

THERATRONICS SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO	SERIES
P.O. # R10416	658		A131 5	7400	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		910829		910829		T80 #678		

SERVICE REQUESTED

A2A Inspection

CUSTOMER

Hahnemann Hosp
Phila, PA.

LOCATION CONSUMPTION

SERVICE PERFORMED

- Inspected unit as per inspection procedure I-1124 607/610
- Found crack on rear of beam trimmer.

* Theratronics recommends that the machine not be used. But that evaluation will be made and customer will be notified.

LABOR HOURS	STANDARD	OVERTIME

TRAVEL HOURS	STANDARD	OVERTIME

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE [X]
- SOURCE REPLACEMENT [ ]
- UNIT INSTALL'N [ ]
- WARRANTY [ ]
- RECALL [ ]
- CLINICAL DOWNTIME
- SERVICE CONTRACT [ ]
- SHOP REPAIR [ ]
- REMANUFACTURE [ ]
- EXTRA ORDINARY [ ]

FAILURE CODE

RECOMMENDATIONS

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
			Rec'd credit	

[redacted]

ACCEPTED BY SIGNATURE	SERVICE REP SIGNATURE	EMPLOYEE NO
[illegible]	[illegible]	0033

4-CUSTOMER COPY

1. INSTRUCTIONS

(i) Complete sections 2, 3 and 4 of this procedure.
(ii) Distribute as follows:

Copy 1 to Theratronics International Limited, Attn: Service Unit History File;
Copy 2 to Customer File;
Copy 3 to Agent.

2. UNIT IDENTITY

Inspector: R. Hilbert Title: Service Rep.

Date: 91/08/29 (YY / MM / DD) Company Name: Theratronic, Int. (or Agent)

Unit Type:

Theratron 80 ☒ Theratron 60 ☐

Unit Serial No.: 67RK Beamstopper ☒ Pendulum ☐

Location:

Hospital/Clinic: Nazareth Hosp.

Address: 2601 Bolne Ave.

City, State/Province/Country: Phila, Pa. 19152

Contact Person: Beth Samley Title: Physicist Tel.: (215) 335-6146

3. SURVEY

Any Modification Done to the Arm? Yes ☐ No ☒

Any Modification Done to the Beamstopper or Pendulum Counterweight? Yes ☐ No ☒

If yes:

Holes Drilled: Number: _____

Location: _____

Paint Touch-up Location: Refurbished unit - Entirely Repainted

Other: _____

Operator's Comments regarding:

Arm Motion: Unsatisfactory ☐ Satisfactory ☒

If unsatisfactory, why?

_____

Noise during Rotation: Yes ☒ No ☐

If yes, check cause of noise and report below:

Noise From Belt.

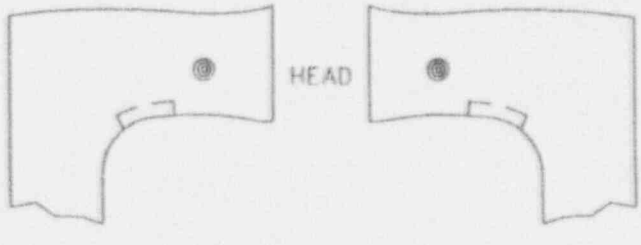
Others:

_____

4. INSPECTION

4.1 Visually inspect area around access hole and head swivel gear shaft bearing hole on both sides:

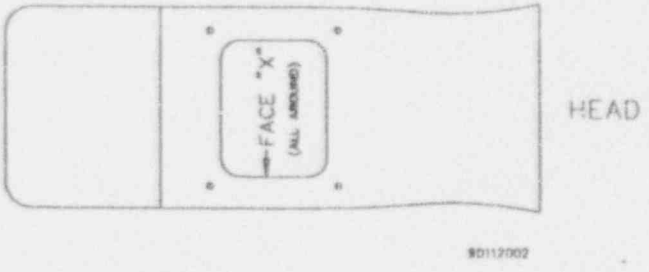
OK ☒ Cracks ☐ (If cracks visible, indicate on sketch #1.)



Sketch #1

4.2 Remove access hole cover. Inspect all faces marked with ✓'s on sketch #2. If cracks are visible, indicate on the sketch.

OK ☒ Cracks ☐

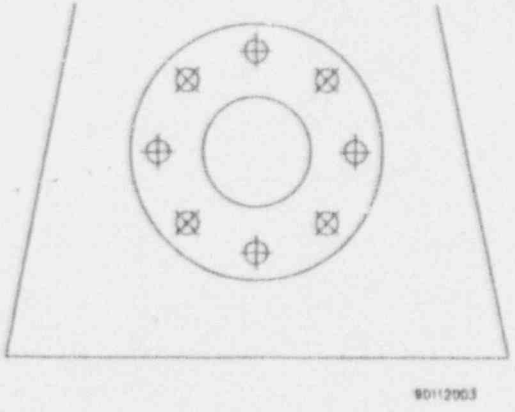


Sketch #2

If there are no visible cracks, carry out Non-destructive Examination (NDE) to confirm (see appendix for NDE Procedure).

4.3 Remove arm rotation scale. Inspect the area surrounding the bolts. If required, Dremmel kit may be used to remove paint in the area. Use touch-up paint after inspection. Ensure each bolt is intact by applying tightening torque (150 ft-lb). Indicate broken bolts, if any, and visible cracks on the sketch below. Replace any broken bolts and re-mount scale.

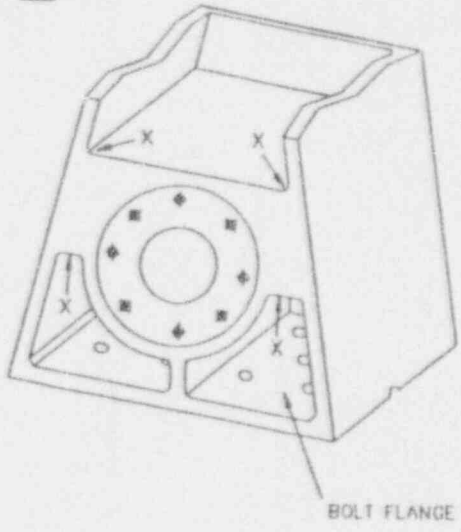
OK ☒ Cracks ☐



Sketch #3

4.4 - Rotate arm and remove cover at the back. Using a good flashlight, inspect locations marked with X's on sketch #4 and indicate on the sketch, presence of any cracks. Inspect bolt flange and indicate presence of cracks on sketch. If there are no visible cracks, carry out NDE to confirm (see appendix for NDE Procedure).

OK ☒ Cracks ☐

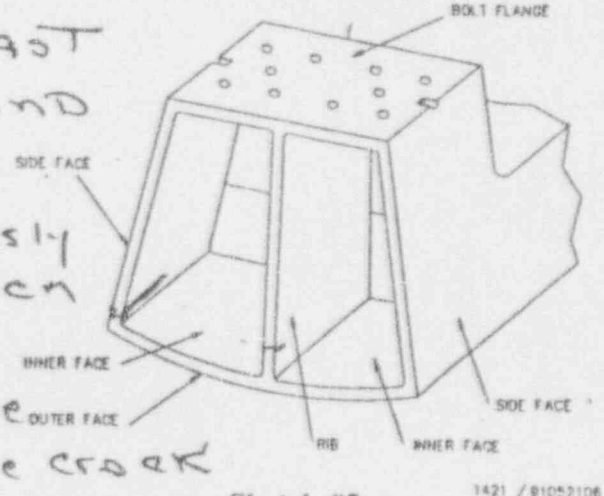


Sketch #4

4.5 Remove counterweight cover. Visually inspect bolt flange at bolt holes and around edges. On the pendulum (Sketch #6) inspect the internal flange. Visually inspect rib, outer faces, inner faces and side faces particularly at edges.

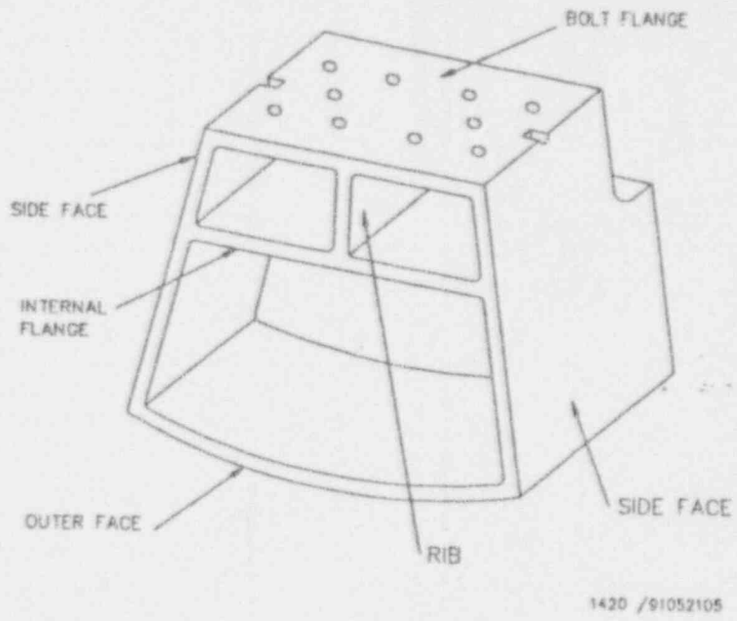
OK ☐ Cracks ☒ (If cracks are visible indicate on Sketch #5 or Sketch #6.)

CRACK IS AT LEAST 7 1/2 CM LONG. AND 2 CM. DEEP. CRACK IS OBVIOUSLY LONGER THAN 7 1/2 CM BUT CAN'T BE MEASURED BECAUSE COUNTERWEIGHTS. THE CRACK GOES BACK AS FAR AS YOU CAN SEE.



Sketch #5

- If there are no visible cracks carry out NDE to confirm. Use NDE to determine the extent of any cracks. Remove balance weights if necessary. (See Appendix for NDE procedure.)



Sketch #6

5. Report

If there are signs of any crack(s), immediately contact Theratronics Service Department.

Service Representative:

Signed Robert Hellust

Company Theratronics

Date 8/29/91

Customer:

Signed Thomas R.T. / T.

Company UNSPECIFIED

Date 8.29.91

Mail 1 (one) copy of the completed form to:

Theratronics International Limited
Attention: Service Unit History File
413 March Road, P.O. Box 13140
Kanata, Ontario Canada K2K 2B7

THERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	858	79309	1401	5	0299	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
30 Nov 92	1300	30 Nov 92		30 Nov 92		T80 # 67RK		

SERVICE REQUESTED

- Logged Call With Dispatching
- Performance of Site Tour.

CUSTOMER

Nazareth Hosp
2601 Holme Ave
Phila, PA. 19152
(215) 335-6146

LOCATION CONSUMPTION

SERVICE PERFORMED

- Performed Site Tour Per TheraTronics Document T1217.600 (Edition A)
- Checked Status of Actions Called For In Customer User Bulletins required Per Appendix A
- Performed Tests + Inspections on unit
- Completed Site Tour Printout Was Left on site With Customer

* Unit is No Longer in Service Due To Two Sheared Arm Bolts

LABOR HOURS	STANDARD	OVERTIME

TRAVEL HOURS	STANDARD	OVERTIME

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- CLINICAL DOWNTIME
- SERVICE CONTRACT
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

FAILURE CODE

RECOMMENDATIONS

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

[redacted]

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE R Hubbard

EMPLOYEE NO. 0025

4-CUSTOMER COPY

THERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
PO # R08572	658	15824	A131	5	7296	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		910715	1330	910715	1800	T-80 # 505		

SERVICE REQUESTED

Follow-up - S/B 57281 7/2/91

1. Replace ODI socket - evaluate Field Light

2 Follow-up: Status of intermittent compressor cycling

CUSTOMER

Nazareth Hospital
2601 Holme Avenues
Phila PA 19152

LOCATION CONSUMPTION

SERVICE PERFORMED

1. Replaced ODI socket - Replaced Bulb (Part on site) (A) Grounds: Filed, Swiped + Solvent cleaned grounds at ODI base and Grat Transformer ground at Rear Resistors (B) Wires Replaced wires 102 and 104 at Field Light terminal strip, Heng Resistors Connections For wire 103 (C) CLEANED Tapers + Brushes* Light now Bright

2. Compressor did not cycle during entire service call - observed Air pressure gauge which lost less than 2 pounds in a two hour period. Please observe for recurrence of further problems

LABOR HOURS	STANDARD	OVERTIME
	02.0	

TRAVEL HOURS	STANDARD	OVERTIME
	01.5	01.0

TRAVEL EXPENSES $

TYPE OF SERVICE
- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- SERVICE CONTRACT
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

CLINICAL DOWNTIME

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS * 1C: A BLACK OILY DEPOSIT HAD ALREADY FORMED ON BRUSHES AFTER LESS THAN TWO WEEKS - WHEN LIGHT DIMS BULB CHANGING MAY NOT HELP BUT CLEANING TAPERS AND BRUSHES PROBABLY WOULD

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
1	EA	35008158	ODI Socket	

ACCEPTED BY SIGNATURE (J. T.) T

SERVICE REP. SIGNATURE Ed Schuster

EMPLOYEE NO. 006

4-CUSTOMER COPY

THERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
PO# R08572	658	15824	A131	5	7291	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		910702	1230	910702	1830	T-80 # 505		

SERVICE REQUESTED

1. Field Light Dim
2. Compressor Pumps too Frequently

CUSTOMER

NAZARETH HOSP
2601 HOLME AVE
PHILA PA 19152

LOCATION CONSUMPTION

SERVICE PERFORMED

Field Light

1. Tapes and Brushes had deposit of grease film particularly tapes. After cleaning tapes and surfacing brushes lamp was still not as bright as normal, particularly w/ODI on. Removed Field Light Assy from source item and found deposit from patient "accident cleaned bulb. Found ODI socket had burnt contacts the probable cause of excess ODI current draw. Field Light improved.

Could not duplicate frequent pump runs

2. Inspected Air system found it to be stable - over a 45 minute period of 1 pump up and repeated source exposure. Check valve seemed OK - no leak

FAILURE CODE

RECOMMENDATIONS

1. Replace ODI socket. If Brighter Field Light Req'd, then Replace Tapes, Brushes Replace wires Switch, Resurface grounds etc.
2. Observe for intermittent High Pump Frequency. This may be due to check valve, Recommend Replace.

LABOR HOURS	STANDARD	OVERTIME
	03.5	—

TRAVEL HOURS	STANDARD	OVERTIME
	01.0	01.5

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE ✓
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- CLINICAL DOWNTIME
- SERVICE CONTRACT
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
			Collision Device desensitized at Stats Request. Condition of Device is very Poor, Plate/Slide detached and jams often to Recondition.	

[redacted]

ACCEPTED BY SIGNATURE M.T.J.T.

SERVICE REP. SIGNATURE J.A. Schott

EMPLOYEE NO. 0067

A-CUSTOMER COPY

ERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
PO# R 08006	658	15721	A131	5	6019	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		910405	0900	910405	1930	T-80 # 505		

SERVICE REQUESTED

Preventive Maintenance Inspection And Wipe Test
(1) - Stretcher vertical switch, left couch is sticking
(2) Replace On/Off plate console
(3) Air compressor

CUSTOMER

Nazareth Hospital
2601 Holme Avenue
Phila. PA 19152

LOCATION CONSUMPTION

SERVICE PERFORMED

Performed PM (See Report # 560206)
⇨ Performed wipe test; Suntrac service leak test kit "SLT-1"
(1) Replaced stretcher vertical switch, left couch. Switch casing was broken
(2) Replaced On/Off Decal plate (part on site)
(3) Fan Compressor to check valve fitting needed tightening - Air system now OK
- Replaced Right Brush cleaned & surfaced other brush and tracks: condition good
- cleaned gimbal slides, cleaned and surfaced rotational and longitudinal brakes
- Tightened Loose Timing cam, Lubed Drive Mech.
- Lubed Crosstravel signal bars - Adjusted ODI

LABOR HOURS	STANDARD	OVERTIME
	06.5	01.0

TRAVEL HOURS	STANDARD	OVERTIME
	01.0	01.5

TRAVEL EXPENSES $

TYPE OF SERVICE
- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- CLINICAL DOWNTIME
- SERVICE CONTRACT
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

FAILURE CODE

RECOMMENDATIONS

- Sending extra couch centering bulbs 3L02900 (Fed Ex Economy) Yellow caps broken and console bulb 328 3L00309
- Collision device cover is missing please FAX to locate as mechanism is fragile we may look also

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT Fed Ex 040784320 3 AND 040784320 4
TAX
CUSTOMER TOTAL

QUANTITY	U/M	PART NUMBER	DESCRIPTION	UNIT PRICE
1	EA	35069208	Rocker Switch	
1	EA	3B005941	Brush	
5	EA	3L02900	SIDE BULB	
5	EA	3L00309	328 BULB	

ACCEPTED BY SIGNATURE Techs did not stop by as promised to SMH 30 copy left on site

SERVICE REP. SIGNATURE John Schuck

EMPLOYEE NO. 0067

4-CUSTOMER COPY

[logo]ONICS SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO.	COST CENTER	CHARGE POINT	PRODUCT ID		SERVICE RECORD NO.	SERIES
PO# R08306	658	15721	A131	5	6020	E

REQUEST DATE	TIME		COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		REF S/R #56019E	4/5/91		T-80 # 505		

CUSTOMER: Nazareth Hosp, 2601 Holme Ave, Phila PA 19152

Source: Oct 86 @ 4989 ci

SERVICE REQUESTED: PM Inspection Checklist

Air System
A Inspect All Parts & Fittings under Pressure ✓
B Test L.P. Safety Test Supply 24#
C Service LP Regulator 18#
D Test Check Valve ✓

SERVICE PERFORMED
E Service Air Filter ✓
F Inspect Air Cylinder ✓

2 Head and Arm
A Field Light Travel/Bulb ✓
B Check/Align ODC ✓
C Tighten Elec. Connections ✓
D Tighten Arm Belts ✓
E Inspect Arc Contacts ✓
F Inspect Head Switches ✓
G Check Isocenter ✓
H Check Motion Switches ✓
I Check Backpointer ✓

3 Collimator
A Check Hinges ✓
B Check Rotation Bearings ✓
C Inspect Chains ✓

FAILURE CODE

RECOMMENDATIONS
D Check Field Indicators ✓
E Service Trimmers ✓
F Check Cross Hair ✓

4 Main Frame
A Check Drive Belt ✓

QUANTITY | U/I | PART NUMBER | DESCRIPTION | UNIT PRICE

B Check Oil Gear box & Reducer ✓
C Tight Elec. Connections ✓
D Drain Air Tank < 1.5 oz
E Inspect Slip Rings ✓
F Inspect Speed Control ✓
G Check Bearing ✓
H Compressor 35 On/Off 90 [illegible] 130

5 Control Console (8-Sort)
✓ A Light Bulbs ✓
24# B Connections ✓
18# C Key Switch ✓
✓ D Emergency Bar ✓
✓ E Test Reset ✓
✓ F Batteries N/A

6 Hand Control
A Loose Wiring ✓
B Emerg. Off N/A
C Functions ✓

7 Operational
A Transit Out 1.5
Transit In 1.8
B Fix Mode ✓
Rotate ✓
Arc ✓
Skip ✓
C Test Timer ✓
D Beam On/Off Lights ✓
E Door Switch ✓
F Check All Emergency Switches ✓

8 Couch
A Vertical Belt ✓
B Vertical Chains ✓
C Brakes —
Longitud ✓
Lateral N/A
Rotation ✓
Couch Rot ✓
Critical N/A

D Check Limit Switches and Stops: Vertical ✓, Longitud ✓, Lateral ✓, Rotate ✓, Couch Rotate ✓
E Emergency Off Switch Check ✓
F Tighten Electrical Connections ✓
G Inspect Top ✓
H Collision Device ✓

Reference Service Report #56019

S/R 56019 Not Applicable, Notes on Above Items Serviced —

LOCATION CONSUMPTION
LABOR HOURS: STANDARD / OVERTIME
TRAVEL HOURS: STANDARD / OVERTIME
TRAVEL EXPENSES $

TYPE OF SERVICE
BILLED SERVICE ✓ | CLINICAL DOWNTIME
SOURCE REPLACEMENT | SERVICE CONTRACT
UNIT INSTALL'N | SHOP REPAIR
WARRANTY | REMANUFACTURE
RECALL | EXTRA ORDINARY

INVOICING INFORMATION
LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

[redacted]

ACCEPTED BY SIGNATURE: Copy left on site
SERVICE REP. SIGNATURE: [signature]
EMPLOYEE NO. 2067

A-CUSTOMER COPY

THERATRONICS

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
R5236	658		A131	5	3566	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		901031	1530	901031	1700	T80		

SERVICE REQUESTED

- TREATMENT TIMER KEEPS RUNNING AFTER END OF TREATMENT

CUSTOMER

NAZARETH HOSP.
PHILA, PA

LOCATION CONSUMPTION

SERVICE PERFORMED

- FOUND TIMER ON/OFF KNOB STICKING AGAINST THE FACE OF THE CONSOLE.
- BACKED OFF KNOB
- TIMER CHECKS GOOD NOW

	STANDARD	OVERTIME
LABOR HOURS	1.0	
TRAVEL HOURS	0.5	
TRAVEL EXPENSES	$	

TYPE OF SERVICE
BILLED SERVICE [X]
SOURCE REPLACEMENT [ ]
UNIT INSTALL'N [ ]
WARRANTY [ ]
RECALL [ ]
CLINICAL DOWNTIME [ ]
SERVICE CONTRACT [X]
SHOP REPAIR [ ]
REMANUFACTURE [ ]
EXTRA ORDINARY [ ]

FAILURE CODE

RECOMMENDATIONS

- TIMER WILL PROBABLY NEED TO BE REPLACED SOON.

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

[redacted]

ACCEPTED BY SIGNATURE: Lewis Elwell VT
SERVICE REP. SIGNATURE: R Hilbert
EMPLOYEE NO. 0028

4-CUSTOMER COPY

Regarding Cobalt 60 Theratron 80:

On Tuesday 10/30/90:

When a Rx was given and finished the source retracted and timer shut off giving the appropriate time however the switch (on + off switch) remained in "ON" position and arrow on dial would not be at 0.

Darlene contacted AECL after this incident.

On Wednesday 10/31/90:

Same as above happened periodically through the morning.

There were a couple of instances when the source would retract all by itself in the middle of ~~Rx~~ Treatment to with no apparent reason.

John was contacted and said to keep treating but just keep a close eye on the machine and time.

after speaking to John: During a treatment with the patient on the table Time was set at 1.85 the source ~~stuck~~ stayed past the time up to 1.95 when I realized source was sticking. I tried just hitting the "Off switch" myself and it worked. While this was happening the dial was vibrating and past the 0 point on the dial.

THERATRONICS [redacted]

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
10/23/90 R5078	658	15537	A131	5	3945	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		901025	0900	901025	1930	T-80 # 505		

SERVICE REQUESTED

Preventive maintenance inspection
and wipe test
1. Compressor pumps frequently
2. Check backpointer alignment

CUSTOMER

Nazareth Hospital
2601 Holme Ave
PHILA PA 19152

SERVICE PERFORMED

performed PMI (see attached sheet)

⇨ Performed wipe test : Health Physics Leak Test kit # 6772

1. Found failed check valve in air line replaced - function OK pump time now approx 2 minutes + so apparently no compressor damage

2. Backpointer adjusted for proper tracking [0° arm rotation position was off slightly from being adjusted] head say which [illegible] front to back error was minimal

LOCATION CONSUMPTION

	STANDARD	OVERTIME
LABOR HOURS	06.5	01.5
TRAVEL HOURS	01.0	01.0

TRAVEL EXPENSES $

TYPE OF SERVICE: BILLED SERVICE ☐ CLINICAL DOWNTIME ☐ SOURCE REPLACEMENT ☐ SERVICE CONTRACT ☐ UNIT INSTALL'N ☐ SHOP REPAIR ☐ WARRANTY ☐ REMANUFACTURE ☐ RECALL ☐ EXTRA ORDINARY ☐

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

Fans should be turned or replaced in near future (1/2 day labor) for optimized field consistency

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE	
1	EA	2V002305	Check valve		[redacted]
1	EA	6D151357	Timer faceplate		
1	EA	3L009309	328 Bulb		

ACCEPTED BY SIGNATURE [signature] SERVICE REP. SIGNATURE [signature] EMPLOYEE NO. 0067

4-CUSTOMER COPY

AECL MEDICAL

CUSTOMER: NAZARETH Hospital, 2601 HOLME AVE, PHILA PA 19152

SERVICE RECORD NUMBER: 53995

P&S NO.: 15337

SOURCE DATE & CURIES: OCT 86 4782

UNIT TYPE - SERIAL NO.: T-80 # 505

THERATRON 60/80 PREVENTIVE MAINTENANCE

1. **SOURCE OPERATING SYSTEM**
   - A. Inspect all hoses and fittings under pressure ✓
   - B. Test L.P. safety switch 24# psi ✓
   - C. Service L.P. regulator 17 psi ✓
   - D. Test check valve ✓
   - E. Service air filter ✓
   - F. Inspect air cylinder ✓

2. **HEAD AND ARM**
   - A. Inspect tapes and brushes for field defining light ✓
   - B. Check and align O.D.I. ✓
   - C. Tighten electrical connections ✓
   - D. Tighten arm bolts CHECK ✓
   - E. Inspect arc contact and wiring PHYSICALLY CAPABLE ✓ (N/A)
   - F. Inspect head swivel drive motor gears and chain INTENTIONALLY DISABLED ✓
   - G. Check isocenter ok ✓
   - H. Check for correct operation of mercury switches PHYSICALLY INTACT ✓ (N/A)
   - I. Check back pointer light ✓

3. **COLLIMATOR**
   - A. Remove collimator/check hinges ✓
   - B. Check rotation bearings ✓
   - C. Inspect and replace cam followers as required ✓
   - D. Check calibration of field size indicators ✓
   - E. Service trimmers ✓
   - F. Check and adjust cross hair wires if required ✓

4. **MAIN FRAME**
   - A. Check drive belt for wear ✓
   - B. Check oil levels ✓
     - gear box ✓
     - reducer ✓
   - C. Tighten electrical connections ✓
   - D. Drain air tank add 3 drops oil ✓
   - E. Inspect slip rings ✓
   - F. Inspect Boston speed control adjust as required ✓
   - G. Check beam on/off lights ✓
   - H. Test compressor on 34 off 50 pump time 2:12 ✓

5. **CONTROL CONSOLE**
   - A. Replace burned out light bulbs ✓
   - B. Tighten electrical connections ✓
   - C. Check key switch for proper operation ✓
   - D. Check emergency bar for correct operation ✓
   - E. Test reset for correct operation ✓
   - F. Replace batteries in Digital Timer (If Applicable) N/A

6. **HAND CONTROL**
   - A. Check for loose or frayed wiring ✓
   - B. Check for correct operation of emergency off switch N/A
   - C. Check for proper operation of all functions ✓

7. **OPERATIONAL TESTS**
   - A. Source transit time out 1.3 in 1.6 ✓
   - B. Correct operation of treat mode ✓
     - fixed ✓
     - rotate, arc, skip — DECLARED UNIT NOT USED FOR ROTATIONAL TX
   - C. Test timer ✓
   - D. Test beam on/off lights ✓
   - E. Test door switch ✓
   - F. Check all emergency switches for correct operation ✓

8. **COUCH**
   - A. Check vertical drive belt ✓
   - B. Check vertical drive chains (MKI) ✓
   - C. Check and adjust brakes ✓
     - vertical NA
     - longitudinal ✓
     - lateral NA
     - stretcher rotation ✓
     - couch rotation ✓
   - D. Check limit switches and stops ✓
     - vertical ✓
     - longitudinal ✓
     - lateral ✓
     - stretcher rotation ✓
     - couch rotation ✓
   - E. Test emergency off switches for correct operation ✓
   - F. Tighten electrical connections ✓
   - G. Inspect top ✓
   - H. Test collision device (if applicable) ✓

CALIBRATED 80/100 cm. DISTANCE STICKS

COMMENTS

1 D REPLACED CHECK VALVE

2 A CLEANED TAPES + BRUSHES condition - good!

2 B ODI ALIGNED

4D 8 oz water DRAINED

8C SURFACED + CLEANED Longitudinal AND Rotational BRAKE SURFACES - LUBED vertical/lateral SPROCKETS AS WELL AS VERT COLUMNS + TIE BARS

— CLEANED gantry SLIDES

CUSTOMER SIGNATURE	SERVICE REP. SIGNATURE	DATE
[signature]	[signature]	10/25/??

THERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER.
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
R 660	658	15517	A151	5	3199	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		900928	1330	900928	1530	T80 # 6JR		

SERVICE REQUESTED

- UV Field Light

CUSTOMER

Hahnemann Hosp.
Phila, Pa

LOCATION CONSUMPTION

SERVICE PERFORMED

- Replaced Tapes + Pushes
- Field Light Checks good

	STANDARD	OVERTIME
LABOR HOURS	1.0	
TRAVEL HOURS	1.0	

TRAVEL EXPENSES: $

TYPE OF SERVICE

BILLED SERVICE	X	CLINICAL DOWNTIME	
SOURCE REPLACEMENT		SERVICE CONTRACT	
UNIT INSTALL'N		SHOP REPAIR	
WARRANTY		REMANUFACTURE	
RECALL		EXTRA ORDINARY	

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
2	EA	2537-0482	Tapes	
2	EA	8003941	Pushes	

[redacted]

ACCEPTED BY SIGNATURE: William Imhoff / D. Elinski

SERVICE REP. SIGNATURE: Robert Grant

EMPLOYEE NO. 0028

4-CUSTOMER COPY

THERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
PO R1621	C57			05	2733	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		9-24-02	1900	9-24-02	1200	T2		

SERVICE REQUESTED

DAT BACK PUMPS

CUSTOMER

[illegible]

LOCATION CONSUMPTION

SERVICE PERFORMED

FOUND UNIT POWERED IN DAT BACK PUMPS

LABOR HOURS	STANDARD	OVERTIME
	1.4	

TRAVEL HOURS	STANDARD	OVERTIME
	2.0	

TRAVEL EXPENSES $

TYPE OF SERVICE

BILLED SERVICE [X]
CLINICAL DOWNTIME
SOURCE REPLACEMENT
SERVICE CONTRACT
UNIT INSTALL'N
SHOP REPAIR
WARRANTY
REMANUFACTURE
RECALL
EXTRA ORDINARY

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO.

4-CUSTOMER COPY

THERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
PO# 20827	658		A131	5	2661	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		900206	0900	900206	1900	T-80 # 505		

SERVICE REQUESTED

Preventive Maintenance Inspection and Wire Test
1. Oil on maintenance Motor Deck
2. Couch Foot Brake Broken
3. Couch Stretcher top drops about 1cm

SERVICE PERFORMED

Performed PMI. (See Attached Sheet)

Performed Wire Test ; Health Physics Leak Test Kit # 6606

1 • Oil Area on maintenance Base wiped up – This was NOT a leak, but seepage from over-fill on Rotation Generator

2 • Replaced Couch Rotation Foot Brake (Severed, Entangled)

3 • Removed Seized Vertical Sagging Lower Retaining Retaining Screw and replaced (6) Couch no longer drops 1cm when weight is Applied to stretcher

FAILURE CODE

RECOMMENDATIONS

• Adj. ODI Approx. 1mm. Please check Lasers with new ODI setting

• Try not to have patients get on and off table when lateral setting is centered (light on) this can damage switch

• Console Faceplate sent UPS Home for installment call

CUSTOMER

Nazareth Hosp
2601 Holme Ave
Phila PA 19152

LOCATION CONSUMPTION

	STANDARD	OVERTIME
LABOR HOURS	06.5	01.0
TRAVEL HOURS	01.0	01.0

TRAVEL EXPENSES $

TYPE OF SERVICE
- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- CLINICAL DOWNTIME
- SERVICE CONTRACT
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT # (UPS) ITEMS 445
TAX
CUSTOMER TOTAL

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
2	EA	36009309	32S Bulb	
1	EA	21015801	Foot Brake (Couch Rot'n)	
1	EA	21012705	Rubber Pad	
1	EA	~~6D0151~~ 6D151 357	Timer Faceplate	
1	EA	6D151370	Reswitch Off-Restart Decal	
1	EA	34029.000	Side Marker – Blue	

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO. 005

4-CUSTOMER COPY

AECL MEDICAL

CUSTOMER: NAZARETH Hosp
2601 Holme Ave.
Phila., PA 19152

SERVICE RECORD NUMBER: 52661E

P&S NO.:

SOURCE DATE & CURIES: OCT 86 4929

UNIT TYPE - SERIAL NO.: T80 #505

THERATRON 60/80 PREVENTIVE MAINTENANCE

1. SOURCE OPERATING SYSTEM
- A. Inspect all hoses and fittings under pressure ✓
- B. Test L.P. safety switch ____ psi 24 ✓
- C. Service L.P. regulator 19 psi ✓
- D. Test check valve ✓
- E. Service air filter ✓
- F. Inspect air cylinder ✓

2. HEAD AND ARM
- A. Inspect tapes and brushes for field defining light ✓
- B. Check and align O.D.I. ✓
- C. Tighten electrical connections ✓
- D. Tighten arm bolts CHECKED ✓
- E. Inspect arc contact and wiring ✓
- F. Inspect head swivel drive motor gears and chain ✓
- G. Check isocenter ✓
- H. Check for correct operation of mercury switches ✓
- I. Check back pointer light ✓

3. COLLIMATOR
- A. Remove collimator/ check hinges ✓
- B. Check rotation bearings ✓
- C. Inspect and replace cam followers as required ✓
- D. Check calibration of field size indicators ✓
- E. Service trimmers ✓
- F. Check and adjust cross hair wires if required ✓

4. MAIN FRAME
- A. Check drive belt for wear ✓
- B. Check oil levels gear box ✓ reducer ✓ ✓
- C. Tighten electrical connections ✓
- D. Drain air tank add 3 drops oil ✓
- E. Inspect slip rings ✓
- F. Inspect Boston speed control adjust as required ✓
- G. Check beam on/off lights ✓
- H. Test compressor on 31 off 50 pump time 2:50 ✓

5. CONTROL CONSOLE
- A. Replace burned out light bulbs ✓
- B. Tighten electrical connections ✓
- C. Check key switch for proper operation ✓
- D. Check emergency bar for correct operation ✓
- E. Test reset for correct operation ✓
- F. Replace batteries in Digital Timer (if Applicable) N/A

6. HAND CONTROL
- A. Check for loose or frayed wiring ✓
- B. Check for correct operation of emergency off switch N/A
- C. Check for proper operation of all functions ✓

7. OPERATIONAL TESTS
- A. Source transit time out 1.3 in 1.8 ✓
- B. Correct operation of treat mode ✓
  - fixed ✓
  - rotate (NOTE: Rotation NOT USED)
  - arc
  - skip
- C. Test timer ✓
- D. Test beam on/ off lights ✓
- E. Test door switch ✓
- F. Check all emergency switches for correct operation ✓

8. COUCH
- A. Check vertical drive belt ✓
- B. Check vertical drive chains (MK I) ✓
- C. Check and adjust brakes ✓
  - vertical N/A
  - longitudinal ✓
  - lateral N/A
  - stretcher rotation ✓
  - couch rotation ✓
- D. Check limit switches and stops ✓
  - vertical ✓
  - longitudinal ✓
  - lateral ✓
  - stretcher rotation ✓
  - couch rotation ✓
- E. Test emergency off switches for correct operation ✓
- F. Tighten electrical connections ✓
- G. Inspect top ✓
- H. Test collision device (if applicable) ✓

COMMENTS

2. Tapes + Brushes Checked Contact Condition Good

2a. Set isocenter

Back plate, collision device cover missing

4b. Drained Air Tank Approx 1½ oz. water

8e. Centered Couch cross frame Bushings to eliminate Hand Wheel Rub
- Cleaned and Surfaced Longitudinal and Rotational Bars
- Lubed Appropriate points
- Calibrated 50cm Distance check 100 cm

CUSTOMER SIGNATURE	SERVICE REP. SIGNATURE	DATE
Mildred Ward R.T.	J. Schmidt	02-06-90

WHITE - REGIONAL OFFICE YELLOW - CUSTOMER PINK - I&S OTTAWA

THERATRONICS

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
P20812	658	15280	A131	5	2514	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		891227	1000	891227	1230	T2880 #505		

SERVICE REQUESTED

- Arm won't Reset : Relays Chattering

CUSTOMER

Nazareth Dept

Physics Dept.

LOCATION CONSUMPTION

SERVICE PERFORMED

- Found the 6V Supply had dropped Down To 4.2V. Found Wire #101 From 6 Volt Transformer was Loose. Tightened Connection.

- Checks good

	STANDARD	OVERTIME
LABOR HOURS	2.5	
TRAVEL HOURS	1.0	

TRAVEL EXPENSES $

TYPE OF SERVICE

BILLED SERVICE	X	CLINICAL DOWNTIME	
SOURCE REPLACEMENT		SERVICE CONTRACT	
UNIT INSTALL'N		SHOP REPAIR	
WARRANTY		REMANU-FACTURE	
RECALL		EXTRA ORDINARY	

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

ACCEPTED BY SIGNATURE: Walter Hall

SERVICE REP. SIGNATURE: G. Gilbert

EMPLOYEE NO.: 0026

CUSTOMER COPY

THERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO		SERIES
	658	73098	A142	5	2045	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO	S.B. HOURS	H.V. HOURS
		890925	1330	890925	1900	T-80 # 505		

SERVICE REQUESTED

1- INTERMITTENT NO FUNCTION OF COUCH VERTICAL SWITCH (UP) ON RIGHT SIDE FACING GANTRY
2. ROT LOCK SLIPS

CUSTOMER

NAZARETH HOSPITAL
2601 HOLME AVE.
PHILA PA 19152

LOCATION CONSUMPTION

SERVICE PERFORMED

1. FOUND BROKEN WIRE FOR VERTICAL "UP" FUNCTION AT FLEX POINT AT RIGHT SIDE TO CENTRON COUCH CABLE. DID CLOSE EXAMINATION OF WIRES AT THIS POINT ONLY. 2 SHOWED STRESS; VERTICAL "UP" AND A SPARE. VERTICAL UP WIRE WAS REPAIRED AND CABLE REASSEMBLED AND PRESSED SO AS NOT TO CAUSE ANY RIGHT ANGLE BENDS AT ANY POINT IN CROSS TRAVEL. BAD SPARE WAS LOCATED IN RIGHT COUCH CENTRON TRAVEL. NORMAL FUNCTION RESTORED.
2. CLEANED + SURFACED ROTATIONAL BRAKE DISC — CLEANED TAPES + BRUSHES, FIELD LIGHT — CLEANED + LUBED GRAT SLIDES

LABOR HOURS	STANDARD	OVERTIME
	02.5	

TRAVEL HOURS	STANDARD	OVERTIME
	01 P	01.5

TRAVEL EXPENSES $

TYPE OF SERVICE
- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- CLINICAL DOWNTIME
- SERVICE CONTRACT ✓
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

FAILURE CODE

RECOMMENDATIONS

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

ACCEPTED BY SIGNATURE

SERVICE REP SIGNATURE Jon Schott

EMPLOYEE NO 0067

4-CUSTOMER COPY

THERATRONICS

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDERING NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.	SERIES
	650	73098	A14L	1937	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		94-09-14	1100	94-09-14		T-C 501		

SERVICE REQUESTED

SOURCE 10-96 4959 ACC
SW. STICKS
LOW STIF

CUSTOMER

NAZARETH HOSP
1661 HOLMES AVE
PHILA. PA

LOCATION CONSUMPTION

SERVICE PERFORMED

REPAIR SWITCH - LOW
+ CLEANED [illegible]

	STANDARD	OVERTIME
LABOR HOURS		
TRAVEL HOURS		

TRAVEL EXPENSES $

TYPE OF SERVICE: BILLED SERVICE ☐ SOURCE REPLACEMENT ☐ UNIT INSTALL'N ☐ WARRANTY ☐ RECALL ☐
CLINICAL DOWNTIME
SERVICE CONTRACT ☐ SHOP REPAIR ☐ REMANUFACTURE ☐ EXTRA ORDINARY ☐

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE	
1	EA	35064102	SWITCH		[redacted]

ACCEPTED BY SIGNATURE	SERVICE REP. SIGNATURE	EMPLOYEE NO.
	[signature]	0677

4-CUSTOMER COPY

THERATRONICS

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	658	73098	A142	5	2021	E

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		890714	0900	890714	1900	T-80 # 505		

SERVICE REQUESTED

Semiannual Preventive maintenance inspection and wipe test
1- Hand control will not hook to table
2- Console Lights out

CUSTOMER

NAZARETH Hosp
2601 Holme Ave
Phila PA 19152

SERVICE PERFORMED

PERFORMED PMI (see attached sheet)
Performed wipe test - Health Physics Leak Test Kit # 6420

1. Hand control Hanger has stripped weld disc threads. Reversed Disc, secured w/ extra 6-32 nut. Function ok

2. Console Lights: cleaned contacts + ~~Replaced~~ Replaced Bulbs

★ Sent 2-Longitudinal Springs & Ref. Parts transfer as spares per request: S. US Branch office # 71123

LOCATION CONSUMPTION

	STANDARD	OVERTIME
LABOR HOURS	06.5	01.0
TRAVEL HOURS	01.0	01.0

TRAVEL EXPENSES $

TYPE OF SERVICE

BILLED SERVICE	☐	CLINICAL DOWNTIME	
SOURCE REPLACEMENT	☐	SERVICE CONTRACT	✓
UNIT INSTALL'N	☐	SHOP REPAIR	☐
WARRANTY	☐	REMANUFACTURE	☐
RECALL	☐	EXTRA ORDINARY	☐

FAILURE CODE

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

RECOMMENDATIONS

1. Check lasers for desired projection points (80cm) as ODI was adjusted
2. Remember to slow stretcher motion to "0" before releasing lock - Do not use as brake - Rubber deposits cause slip

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
3	ea	3009309	328 Bulbs	[redacted]
1	ea	~~600~~ 6015/357	Timer Face plate	
2	ea	A00613	Long Spring (UPS)	
1	ea	36029000	Bulb	

ACCEPTED BY SIGNATURE: [signature] RT

SERVICE REP. SIGNATURE: [signature]

EMPLOYEE NO. 0069

4-CUSTOMER COPY

Atomic Energy of Canada Limited
Medical Products

CUSTOMER: NAZARETH HOSP 2601 HOLME AVE PHILA PA 19152

SERVICE RECORD NUMBER: 520215

P&S NO.: 13078-A142

SOURCE DATE & CURIES: OCT 86 [illegible]

UNIT TYPE - SERIAL NO.: T-80 #505

THERATRON 60/80 PREVENTIVE MAINTENANCE

1. SOURCE OPERATING SYSTEM
- A. Inspect all hoses and fittings under pressure ✓
- B. Test L.P. safety switch 22 psi ✓
- C. Service L.P. regulator 22 psi 17 ✓
- D. Test check valve ✓
- E. Service air filter ✓
- F. Inspect air cylinder ✓

2. HEAD AND ARM
- A. Inspect tapes and brushes for field defining light OK
- B. Check and align O.D.I. ✓
- C. Tighten electrical connections ✓
- D. Tighten arm bolts CHECKED ✓
- E. Inspect arc contact and wiring ✓
- F. Inspect head swivel drive ✓ motor gears ✓ and chain ✓
- G. Check isocenter ✓
- H. Check for correct operation of mercury switches ✓
- I. Check back pointer light ✓

3. COLLIMATOR
- A. Remove collimator/ check hinges ✓
- B. Check rotation bearings ✓
- C. Inspect and replace cam followers as required ✓
- D. Check calibration of field size indicators ✓
- E. Service trimmers ✓
- F. Check and adjust cross hair wires if required ✓

4. MAIN FRAME
- A. Check drive belt for wear ✓
- B. Check oil levels gear box ✓ reducer
- C. Tighten electrical connections ✓
- D. Drain air tank add 3 drops oil ✓
- E. Inspect slip rings ✓
- F. Inspect Boston speed control adjust as required ✓
- G. Check beam on/off lights ✓
- H. Test compressor on 25 off 51 pump time 2:12 ✓

5. CONTROL CONSOLE
- A. Replace burned out light bulbs ✓
- B. Tighten electrical connections ✓
- C. Check key switch for proper operation ✓
- D. Check emergency bar for correct operation ✓
- E. Test reset for correct operation ✓

6. HAND CONTROL
- A. Check for loose or frayed wiring ✓
- B. Check for correct operation of emergency off switch N/A
- C. Check for proper operation of all functions ✓

7. OPERATIONAL TESTS
- A. Source transit time out 1.5 in 1.9 ✓

- B. Correct operation of treat mode ✓ fixed ✓ rotate ✓ arc ✓ skip
- C. Test timer ✓
- D. Test beam on/ off lights ✓
- E. Test door switch ✓
- F. Check all emergency switches for correct operation ✓

8. AUXILIARY EQUIPMENT
- A. Inspect patient positioning lights/ lasers ✓
- B. Test room monitor (if applicable) ✓
- C. Inspect accessories ✓
- D. Other _____

9. COUCH
- A. Check vertical drive belt ✓
- B. Check vertical drive chains (MK I) ✓
- C. Check and adjust brakes ✓ vertical N/A longitudinal ✓ lateral N/A stretcher rotation ✓ couch rotation
- D. Check limit switches and stops vertical ✓ longitudinal ✓ lateral stretcher rotation ✓ couch rotation
- E. Test emergency off switches for correct operation ✓
- F. Tighten electrical connections ✓
- G. Inspect top ✓
- H. Test collision device (if applicable) ✓

COMMENTS

2A. CHANGED TAPES AND BRUSHES CONDITION GOOD

2B. ADJUSTED ODI

2C. SET ISOCENTER + MARKED HEAD

4D. LESS THAN 1 OZ WATER DRAINED

8C. CALIBRATED 80cm DISTANCE STICK

9B LUBED CROSS TRACK + SAGITTAL + VERTICAL COLUMNS

- ROTATIONAL BRAKE NOT REQUIRE SERVICING

CUSTOMER SIGNATURE	SERVICE REP. SIGNATURE	DATE
	[signature]	7/17/89

WHITE - I&S OTTAWA YELLOW - CUSTOMER PINK - REGIONAL OFFICE

AECL MEDICAL

SERVICE RECORD

INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.
	658	72200	A142	5 0903

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880923	0900	880923	1000	780 #505		

SERVICE REQUESTED

P.M.

CUSTOMER

Wrazath. Hosp.
Holme Ave
Phila, PA

LOCATION CONSUMPTION

SERVICE PERFORMED

- Performed P.M. & Swip Test #9883
- Replaced Bulbs in Beam off/on in Console
- Repaire Couch Rot. Lock
- Replaced Tapes & Brushes for Field Light
- ADJ STR. Long Lock

	STANDARD	OVERTIME
LABOR HOURS	7.0	
TRAVEL HOURS	0.5	
TRAVEL EXPENSES	$	

TYPE OF SERVICE

BILLED SERVICE	☐	CLINICAL DOWNTIME	
SOURCE REPLACEMENT	☐	SERVICE CONTRACT	☒
UNIT INSTALL'N	☐	SHOP REPAIR	☐
WARRANTY	☐	REMANU-FACTURE	☐
RECALL	☐	EXTRA ORDINARY	☐

1 Lock is adjusted for patients weight - may tend to grab with no weight on the table top.

FAILURE CODE

RECOMMENDATIONS

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
1	EA	31,009309	Bulb	
~~1~~	~~EA~~	~~A01508~~	~~Couch Rotate~~	
2	EA	25330492	Tapes	
2	EA	3B005941	Brushes	

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

4-CUSTOMER COPY

AECL MEDICAL

CUSTOMER: Nazareth Hosp. Holme Ave. Philadelphia Pa.

SERVICE RECORD NUMBER: 30104

P&S NO.: 72200

SOURCE DATE & CURIES: OCT 80 [illegible]

UNIT TYPE - SERIAL NO.: T80 #505

THERATRON 60/80 PREVENTIVE MAINTENANCE

1. SOURCE OPERATING SYSTEM

- A. Inspect all hoses and fittings under pressure ✓
- B. Test L.P. safety switch 23 psi ✓
- C. Service L.P. regulator 110 psi ✓
- D. Test check valve ✓
- E. Service air filter ✓
- F. Inspect air cylinder ✓

2. HEAD AND ARM

- A. Inspect tapes and brushes for field defining light ✓
- B. Check and align O.D.I. ✓
- C. Tighten electrical connections ✓
- D. Tighten arm bolts ✓
- E. Inspect arc contact and wiring ✓
- F. Inspect head swivel drive motor gears and chain ✓
- G. Check isocenter ✓
- H. Check for correct operation of mercury switches ✓
- I. Check back pointer light ✓

3. COLLIMATOR

- A. Remove collimator/ check hinges ✓
- B. Check rotation bearings ✓
- C. Inspect and replace cam followers as required ✓
- D. Check calibration of field size indicators ✓
- E. Service trimmers ✓
- F. Check and adjust cross hair wires if required ✓

4. MAIN FRAME

- A. Check drive belt for wear ✓
- B. Check oil levels gear box reducer —
- C. Tighten electrical connections ✓
- D. Drain air tank add 3 drops oil ✓
- E. Inspect slip rings —
- F. Inspect Boston speed control adjust as required ✓
- G. Check beam on/off lights ✓
- H. Test compressor on 90 off 50 pump time 2 x 5 min ✓

5. CONTROL CONSOLE

- A. Replace burned out light bulbs ✓
- B. Tighten electrical connections ✓
- C. Check key switch for proper operation ✓
- D. Check emergency bar for correct operation ✓
- E. Test reset for correct operation ✓
- F. Replace batteries in Digital Timer (If Applicable) N/A

6. HAND CONTROL

- A. Check for loose or frayed wiring ✓
- B. Check for correct operation of emergency off switch N/A
- C. Check for proper operation of all functions ✓

7. OPERATIONAL TESTS

- A. Source transit time out 1.5 in 2.5 ✓
- B. Correct operation of treat mode ✓
  - fixed
  - rotate
  - arc
  - skip
- C. Test timer ✓
- D. Test beam on/ off lights ✓
- E. Test door switch ✓
- F. Check all emergency switches for correct operation ✓

8. COUCH

- A. Check vertical drive belt ✓
- B. Check vertical drive chains (MK I) ✓
- C. Check and adjust brakes ✓
  - vertical
  - longitudinal
  - lateral
  - stretcher rotation
  - couch rotation
- D. Check limit switches and stops ✓
  - vertical
  - longitudinal
  - lateral
  - stretcher rotation
  - couch rotation
- E. Test emergency off switches for correct operation —
- F. Tighten electrical connections —
- G. Inspect top —
- H. Test collision device (if applicable) —

COMMENTS

See S.R. # 50903E

CUSTOMER SIGNATURE	SERVICE REP. SIGNATURE	DATE
[illegible]	R. Hilbert	9/23/85

WHITE - REGIONAL OFFICE YELLOW - CUSTOMER PINK - I&S OTTAWA

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

SERVICE RECORD

DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	010				4227	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		88-06-14	1200	88-06-14		780		

SERVICE REQUESTED

[illegible] VELT.

CUSTOMER

NAZARETH HOSP.
1601 HOLMES AV
PHILA

LOCATION CONSUMPTION

SERVICE PERFORMED

REPAIRED VELT RELAY
PLUNGER FELL OUT OF
RELAY.
REPAIRED. [illegible]

	STANDARD	OVERTIME
LABOR HOURS		
TRAVEL HOURS		

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE ☐
- SOURCE REPLACEMENT ☐
- UNIT INSTALL'N ☐
- WARRANTY ☐
- RECALL ☐
- CLINICAL DOWNTIME ☐
- SERVICE CONTRACT ☐
- SHOP REPAIR ☐
- REMANUFACTURE ☐
- EXTRA ORDINARY ☐

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

ACCEPTED BY SIGNATURE [signature]

SERVICE REP. SIGNATURE [signature]

EMPLOYEE NO. [illegible]

4-CUSTOMER COPY

Atomic Energy of Canada Limited
Medical Products

CUSTOMER
WARREN Hosp
2601 Belmont Ave
Phila. Pa

SERVICE RECORD NUMBER

P&S NO.

SOURCE DATE & CURIES
OCT 81

UNIT TYPE - SERIAL NO.
T80 [illegible]

THERATRON 60/80 PREVENTIVE MAINTENANCE

1. SOURCE OPERATING SYSTEM
- A. Inspect all hoses and fittings under pressure ✓
- B. Test L.P. safety * switch 2.2 psi ✓
- C. Service L.P. regulator 110 psi ✓
- D. Test check valve ✓
- E. Service air filter ✓
- F. Inspect air cylinder ✓

2. HEAD AND ARM
- A. Inspect tapes and brushes for field defining light ✓
- B. Check and align O.D.I. ✓
- C. Tighten electrical connections ✓
- D. Tighten arm bolts ✓
- E. Inspect arc contact and wiring ✓
- F. Inspect head swivel drive motor gears and chain ✓
- G. Check isocenter ✓
- H. Check for correct operation of mercury switches ✓
- I. Check back pointer light ✓

3. COLLIMATOR
- A. Remove collimator/ check hinges ✓
- B. Check rotation bearings ✓
- C. Inspect and replace cam followers as required ✓
- D. Check calibration of field size indicators ✓
- E. Service trimmers ✓
- F. Check and adjust cross hair wires if required ✓

4. MAIN FRAME
- A. Check drive belt for wear ✓
- B. Check oil levels gear box ✓ reducer ✓
- C. Tighten electrical connections ✓
- D. Drain air tank add 3 drops oil ✓
- E. Inspect slip rings ✓
- F. Inspect Boston speed control adjust as required ✓
- G. Check beam on/off lights ✓
- H. Test compressor on 110 off 150 pump time 8 min ✓

5. CONTROL CONSOLE
- A. Replace burned out light bulbs ✓
- B. Tighten electrical connections ✓
- C. Check key switch for proper operation ✓
- D. Check emergency bar for correct operation ✓
- E. Test reset for correct operation ✓

6. HAND CONTROL
- A. Check for loose or frayed wiring ✓
- B. Check for correct operation of emergency off switch ✓
- C. Check for proper operation of all functions ✓

7. OPERATIONAL TESTS
- A. Source transit time out 1.5 in ✓

- B. Correct operation of treat mode fixed / rotate / arc / skip
- C. Test timer
- D. Test beam on/ off lights
- E. Test door switch
- F. Check all emergency switches for correct operation

8. AUXILIARY EQUIPMENT
- A. Inspect patient positioning lights/ lasers
- B. Test room monitor (If applicable)
- C. Inspect accessories
- D. Other _____

9. COUCH
- A. Check vertical drive belt
- B. [illegible] vertical drive chains (MK I)
- C. Check and adjust brakes vertical / longitudinal / lateral / stretcher rotation / couch rotation
- D. Check limit switches and stops vertical / longitudinal / lateral / stretcher rotation / couch rotation
- E. Test emergency off switches for correct operation
- F. Tighten electrical connections
- G. Inspect top
- H. Test collision device (If applicable)

COMMENTS

CUSTOMER SIGNATURE	SERVICE REP. SIGNATURE	DATE
[signature]	[signature]	[illegible]

TE - IMS OTTAWA

YELLOW - CUSTOMER

PINK - REGIONAL OFFICE

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	658	72200	A142	5	4328	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880805	0900	880805	1700	T80 # 505		

SERVICE REQUESTED

- Monthly P.M.

CUSTOMER

Wasserth Hosp.
2601 Holme Ave
Phila Pa 19152

LOCATION CONSUMPTION

SERVICE PERFORMED

- Performed Monthly P.M.
- Replaced Hand Control with Cable
- Replaced Couch Rot. Foot Brake
- Replaced Head Couch
- Adj. STR Long Brake

	STANDARD	OVERTIME
LABOR HOURS	2.0	
TRAVEL HOURS	0.5	
TRAVEL EXPENSES	$	

TYPE OF SERVICE

- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- CLINICAL DOWNTIME
- SERVICE CONTRACT [X]
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

FAILURE CODE

RECOMMENDATIONS

Schedule Next P.M.

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
1	EA	400727	Hand Control	
1	EA	201308	Brake Assy.	

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO 0028

4-CUSTOMER COPY

AECL MEDICAL

CUSTOMER
NAZARETH Hosp.
2601 Holme Ave.
Phila. PA 19152

SERVICE RECORD NUMBER 5-1328-1

P&S NO. 72200

SOURCE DATE & CURIES Oct 86 4160

UNIT TYPE - SERIAL NO. T80 # 225

THERATRON 60/80 PREVENTIVE MAINTENANCE

1. SOURCE OPERATING SYSTEM
- A. Inspect all hoses and fittings under pressure ✓
- B. Test L.P. safety switch 22 psi ✓
- C. Service L.P. regulator 17 psi ✓
- D. Test check valve ✓
- E. Service air filter ✓
- F. Inspect air cylinder ✓

2. HEAD AND ARM
- A. Inspect tapes and brushes for field defining light ✓
- B. Check and align O.D.I. ✓
- C. Tighten electrical connections ✓
- D. Tighten arm bolts ✓
- E. Inspect arc contact and wiring ✓
- F. Inspect head swivel drive motor gears and chain ✓
- G. Check isocenter ✓
- H. Check for correct operation of mercury switches ✓
- I. Check back pointer light ✓

3. COLLIMATOR
- A. Remove collimator/ check hinges ✓
- B. Check rotation bearings ✓
- C. Inspect and replace cam followers as required ✓
- D. Check calibration of field size indicators ✓
- E. Service trimmers ✓
- F. Check and adjust cross hair wires if required ✓

4. MAIN FRAME
- A. Check drive belt for wear ✓
- B. Check oil levels gear box reducer ✓
- C. Tighten electrical connections ✓
- D. Drain air tank add 3 drops oil ✓
- E. Inspect slip rings ✓
- F. Inspect Boston speed control adjust as required ✓
- G. Check beam on/off lights ✓
- H. Test compressor on 22 off 20 pump time 2 min ✓

5. CONTROL CONSOLE
- A. Replace burned out light bulbs ✓
- B. Tighten electrical connections ✓
- C. Check key switch for proper operation ✓
- D. Check emergency bar for correct operation ✓
- E. Test reset for correct operation ✓
- F. Replace batteries in Digital Timer (If Applicable) N/A

6. HAND CONTROL
- A. Check for loose or frayed wiring ✓
- B. Check for correct operation of emergency off switch ✓
- C. Check for proper operation of all functions ✓

7. OPERATIONAL TESTS
- A. Source transit time out 1.0 in 1.5 ✓
- B. Correct operation of treat mode ✓
  - fixed
  - rotate
  - arc
  - skip
- C. Test timer ✓
- D. Test beam on/ off lights ✓
- E. Test door switch ✓
- F. Check all emergency switches for correct operation ✓

8. COUCH
- A. Check vertical drive belt ✓
- B. Check vertical drive chains (MK I) ✓
- C. Check and adjust brakes ✓
  - vertical
  - longitudinal
  - lateral
  - stretcher rotation
  - couch rotation
- D. Check limit switches and stops ✓
  - vertical
  - longitudinal
  - lateral
  - stretcher rotation
  - couch rotation
- E. Test emergency off switche for correct operation ✓
- F. Tighten electrical connections ✓
- G. Inspect top ✓
- H. Test collision device (If applicable) ✓

COMMENTS

See S.R.# 5-1328-D

CUSTOMER SIGNATURE	SERVICE REP. SIGNATURE	DATE
[signature]	[signature]	8/5/88

WHITE - REGIONAL OFFICE

YELLOW - CUSTOMER

PINK - I&S OTTAWA

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID		SERVICE RECORD NO.	SERIES
	658	72200	A142	5	3999	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880610	0900	880610	1000	T780 # 505		

SERVICE REQUESTED

- P.M.

CUSTOMER

Nazareth Hosp
2601 Holme Ave
Phila PA

SERVICE PERFORMED

Performed Monthly P.M.
- Replaced STR Vert Contactor
- Tightened STR. Long Lock
- Cleaned Tapes + Brushes
- Replaced Reset Bulb
- Adj. Isocenter + ODI
- Left STR. Long spring on site

LOCATION CONSUMPTION

	STANDARD	OVERTIME
LABOR HOURS	1.0	
TRAVEL HOURS	0.5	
TRAVEL EXPENSES	$	

TYPE OF SERVICE

BILLED SERVICE	[ ]	CLINICAL DOWNTIME	
SOURCE REPLACEMENT	[ ]	SERVICE CONTRACT	[X]
UNIT INSTALL'N	[ ]	SHOP REPAIR	[ ]
WARRANTY	[ ]	REMANUFACTURE	[ ]
RECALL	[ ]	EXTRA ORDINARY	[ ]

FAILURE CODE

RECOMMENDATIONS

- Face Plate for Hand Control
- Maybe Replace Tapes + Brushes

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE	
3	EA	A00613	Springs		[redacted]
1	EA	3C236010	Contactor		
1	EA	3200S305	Bulb		

ACCEPTED BY SIGNATURE: Alan Smkoff

SERVICE REP. SIGNATURE: [signature]

EMPLOYEE NO. 0028

4-CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID		SERVICE RECORD NO.	SERIES
	658	72200	R142	5	3985	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880506		880506		T80 # 505		

SERVICE REQUESTED

- Monthly P.M.

CUSTOMER

Nazareth Hosp
2601 Holme Ave
Phila PA

LOCATION CONSUMPTION

SERVICE PERFORMED

- Performed Monthly P.M.
- Replaced hang back FWD
- Adjusted Lock
- Replaced Greenlight on Arm
- Adjusted Timer on/off Switch
- Replaced Tapes & Cleaned Brushes

	STANDARD	OVERTIME
LABOR HOURS		
TRAVEL HOURS		

TRAVEL EXPENSES: $

TYPE OF SERVICE

- BILLED SERVICE: ☐
- SOURCE REPLACEMENT: ☐
- UNIT INSTALL'N: ☐
- WARRANTY: ☐
- RECALL: ☐
- CLINICAL DOWNTIME: ☐
- SERVICE CONTRACT: ☒
- SHOP REPAIR: ☐
- REMANUFACTURE: ☐
- EXTRA ORDINARY: ☐

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

Replace STR. Vert Contactor

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
2	EA	25330-42	Tapes	

ACCEPTED BY SIGNATURE: Ellen Sokoloff

SERVICE REP. SIGNATURE:

EMPLOYEE NO.

4-CUSTOMER COPY

Atomic Energy of Canada Limited
Medical Products

CUSTOMER
NAZARETH Hosp
2601 Holme Ave
Phila, Pa.

SERVICE RECORD NUMBER 5387

P&S NO. 32-

SOURCE DATE & CURIES Oct 26 1967

UNIT TYPE - SERIAL NO. T 80 ++ 327

THERATRON 60/80 PREVENTIVE MAINTENANCE

1. SOURCE OPERATING SYSTEM
- A. Inspect all hoses and fittings under pressure ✓
- B. Test L.P. safety switch 2.22 psi ✓
- C. Service L.P. regulator 160 psi ✓
- D. Test check valve ✓
- E. Service air filter ✓
- F. Inspect air cylinder ✓

2. HEAD AND ARM
- A. Inspect tapes and brushes for field defining light ✓
- B. Check and align O.D.I. ✓
- C. Tighten electrical connections ✓
- D. Tighten arm bolts ✓
- E. Inspect arc contact and wiring ✓
- F. Inspect head swivel drive motor gears and chain ✓
- G. Check isocenter ✓
- H. Check for correct operation of mercury switches ✓
- I. Check back pointer light ✓

3. COLLIMATOR
- A. Remove collimator/ check hinges ✓
- B. Check rotation bearings ✓
- C. Inspect and replace cam followers as required ✓
- D. Check calibration of field size indicators ✓
- E. Service trimmers ✓
- F. Check and adjust cross hair wires if required ✓

4. MAIN FRAME
- A. Check drive belt for wear ✓
- B. Check oil levels gear box ✓ reducer ✓
- C. Tighten electrical connections ✓
- D. Drain air tank add 3 drops oil ✓
- E. Inspect slip rings ✓
- F. Inspect Boston speed control adjust as required ✓
- G. Check beam on/off lights ✓
- H. Test compressor on 3.1 off 4.0 pump time 2.5 ✓

5. CONTROL CONSOLE
- A. Replace burned out light bulbs ✓
- B. Tighten electrical connections ✓
- C. Check key switch for proper operation ✓
- D. Check emergency bar for correct operation ✓
- E. Test reset for correct operation ✓

6. HAND CONTROL
- A. Check for loose or frayed wiring ✓
- B. Check for correct operation of emergency off switch N/A
- C. Check for proper operation of all functions ✓

7. OPERATIONAL TESTS
- A. Source transit time out 1.5 in 2.5 ✓

8. AUXILIARY EQUIPMENT
- A. Inspect patient positioning lights/ lasers ✓
- B. Test room monitor (if applicable) —
- C. Inspect accessories —
- D. Other _____ —

9. COUCH
- A. Check vertical drive belt ✓
- B. Check vertical drive chains (MK I) —
- C. Check and adjust brakes ✓
  - vertical
  - longitudinal
  - lateral
  - stretcher rotation
  - couch rotation
- D. Check limit switches and stops —
  - vertical
  - longitudinal
  - lateral
  - stretcher rotation
  - couch rotation
- E. Test emergency off switches for correct operation —
- F. Tighten electrical connections —
- G. Inspect top —
- H. Test collision device (if applicable) —

10. TREATMENT MODE
- B. Correct operation of treat mode ✓
  - fixed
  - rotate
  - arc
  - skip
- C. Test timer ✓
- D. Test beam on/ off lights ✓
- E. Test door switch ✓
- F. Check all emergency switches for correct operation ✓

COMMENTS
- Ref Service Report # 5-985-D

CUSTOMER SIGNATURE Allan Bischoff

SERVICE REP. SIGNATURE R Bissett

DATE 5 Jul 68

WHITE - I&S OTTAWA YELLOW - CUSTOMER PINK - REGIONAL OFFICE

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	6058	72200	A142	5	3974	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880413	1500	880413	1700	T80# 505		

SERVICE REQUESTED

- Green Light on Arm Support out

CUSTOMER

St Mazarello Hosp
2501 Cecil Ave
Phila, PA

LOCATION CONSUMPTION

SERVICE PERFORMED

- Replaced B.U.P.

	STANDARD	OVERTIME
LABOR HOURS	0.5	
TRAVEL HOURS	1.5	

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- SERVICE CONTRACT [X]
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

CLINICAL DOWNTIME

INVOICING INFORMATION

- LABOR
- TRAVEL
- MATERIAL
- FREIGHT
- TAX
- CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
1	EA	3400804	B.U.P.	

[redacted]

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO. 0028

CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	658	72200	A142	5	0042	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880408	11:30			T-80# 505		

SERVICE REQUESTED

CUSTOMER

Nazareth Hosp
2601 Holme Ave
Phila PA 19152

LOCATION CONSUMPTION

SERVICE PERFORMED

- Replaced ~~Exit~~ Backpointer Bulb
Set up Backpointer

- Adjusted Isocenter

- Replaced Pitlen Rt.
Field Light Bulb + Type

LABOR HOURS	STANDARD	OVERTIME
	01.5	

TRAVEL HOURS	STANDARD	OVERTIME
	01.5	

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- CLINICAL DOWNTIME
- SERVICE CONTRACT
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

INVOICING INFORMATION

LABOR

TRAVEL

MATERIAL

FREIGHT

TAX

CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
		25330492	Tape	
		38005491	Brush	
		3L001609	Bulb	

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	658	72200	A142	05	1584	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		88-05-30		88-05-30		T80 203		

SERVICE REQUESTED

FIELD LIGHT FAILED

CUSTOMER

MEMORIAL HOSP
1601 WILLOW AVE
PHILA PA

LOCATION CONSUMPTION

SERVICE PERFORMED

CLEANED LIGHT TABS (OK)

	STANDARD	OVERTIME
LABOR HOURS		
TRAVEL HOURS		

TRAVEL EXPENSES $

TYPE OF SERVICE

BILLED SERVICE		CLINICAL DOWNTIME	
SOURCE REPLACEMENT		SERVICE CONTRACT	X
UNIT INSTALL'N		SHOP REPAIR	
WARRANTY		REMANU-FACTURE	
RECALL		EXTRA ORDINARY	

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO. 24

CUSTOMER COPY

AEO MEDICAL

SERVICE

INVOICE WILL REFERENCE THIS SERVICE ORDER FOR PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID		SERVICE RECORD NO.	SERIES
	658	72200	A142	5	3959	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	HIV. HOURS
		880316	0730	880316		T80 #505		

SERVICE REQUESTED

- No Field Light

CUSTOMER

Wazaretz Hosp
2601 Holme Ave
Phila, PA.

LOCATION CONSUMPTION

SERVICE PERFORMED

- Found Bad Plug Connection
- Repaired Connection
- Checks OK

	STANDARD	OVERTIME
LABOR HOURS		
TRAVEL HOURS		

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL

CLINICAL DOWNTIME

- SERVICE CONTRACT [X]
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

INVOICING INFORMATION

- LABOR
- TRAVEL
- MATERIAL
- FREIGHT
- TAX
- CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO. 002

4-CUSTOMER COPY

GEMEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 90 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	658	72200	A142	5	3957	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	¼V. HOURS
		880315	0900	880315		780# 505		

SERVICE REQUESTED

At the End of Source Transit A Vibrating Noise Can be Heard At Certain Angles.

CUSTOMER

Nazareth Hosp
2601 Holme Ave.
Phila PA.

LOCATION CONSUMPTION

SERVICE PERFORMED

- Checked out Source Dimmer Mechanism From Front To Back And All System
- Found Nothing Wrong Except A Loose Pin In Coupling Which I Replaced
- Noticed The Same Noise When Gantry Was Rotated Around 90°
- Found That At This Angle The Back Head Cover Would Vibrate When Either The Source Was Brought Out Or When The Gantry Rot Was Stopped Or Started Suddenly

LABOR HOURS	STANDARD	OVERTIME

TRAVEL HOURS	STANDARD	OVERTIME

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE ☐
- SOURCE REPLACEMENT ☐
- UNIT INSTALL'N ☐
- WARRANTY ☐
- RECALL ☐
- SERVICE CONTRACT ☑
- SHOP REPAIR ☐
- REMANUFACTURE ☐
- EXTRA ORDINARY ☐

CLINICAL DOWNTIME

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

FAILURE CODE: STATIC SUDDENLY

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
1	EA	6HCC0786	Pin	

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE: C.R. Gilbert

EMPLOYEE NO. 0028

4-CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SE
	658	72200	T142	5	1477	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
880309	9:00 AM	880309	8:00 AM	880309	12:30	T-80 #505		

SERVICE REQUESTED

Rot. Brake will Not Release

CUSTOMER

NAZARETH Hospital
Hilltop Ave
Phila. PA

LOCATION CONSUMPTION

SERVICE PERFORMED

Solenoid Catch Pin - Tuning of T[illegible]t. Removed it
Adjusted Linkage (Solenoid plunger Travel)
Tested good

	STANDARD	OVERTIME
LABOR HOURS	2.0	
TRAVEL HOURS	1.0	1.0

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE [ ]
- SOURCE REPLACEMENT [ ]
- UNIT INSTALL'N [ ]
- WARRANTY [ ]
- RECALL [ ]

CLINICAL DOWNTIME

- SERVICE CONTRACT [X]
- SHOP REPAIR [ ]
- REMANUFACTURE [ ]
- EXTRA ORDINARY [ ]

INVOICING INFORMATION

LABOR
TRAVEL
MATERIAL
FREIGHT
TAX
CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

[redacted]

ACCEPTED BY SIGNATURE [signature]

SERVICE REP. SIGNATURE [signature]

EMPLOYEE NO. V524

4-CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL [illegible] RECORD NUMBER
WARRANTY 90 DAYS PARTS AND [illegible]

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD	
	658	72200	A142	5	14[illegible]

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.S. HOURS
		[illegible]04	0930	880304	2000	T-80 #505	[illegible]

SERVICE REQUESTED

[illegible] Preventive Maintenance [illegible]
Semi-[illegible] test
1. Collimator Field Knobs Loose
2. Foot Brake Broke
3. Check Slipping Table Locks (Rotation)

CUSTOMER

Nazareth Hosp
2601 Holme Av
Phila Pa 19152

SERVICE PERFORMED

[illegible] PM (See attached sheet)
Performed Semi-Annual [illegible] test
Nazareth Physics [illegible] #5416

1. X-Field knob was very hard to turn, Y-Field knob was loose at retaining plate & hanging down. X-Field was subject to [illegible] play due to loose cam. Removed [illegible] lower housing. Tightened cams. Cleaned & lubed parts. Rebuild focus Ass'y - [illegible]
2. Replaced brake & foot brake release [illegible] bar. Rebuilt loose rubber foot, disc pad & screw [illegible]
3. Broke [illegible] table, found rotation lock mechanism had displaced pivot pin, which was preventing full release of activating arm. Repaired. Readjusted clearance, surfaced brake disc 360°

LOCATION CONSUMPTION

	STANDARD	OVERTIME
LABOR HOURS	06.0	02.0
TRAVEL HOURS	01.0	01.0

TRAVEL EXPENSES $

TYPE OF SERVICE: BILLED SERVICE / SOURCE REPLACEMENT / UNIT INSTALL'N / WARRANTY / RECALL / CLINICAL DOWNTIME / SERVICE CONTRACT ✓ / SHOP REPAIR / REMANUFACTURE / EXTRA ORDINARY

INVOICING INFORMATION: LABOR / TRAVEL / MATERIAL / FREIGHT / TAX / CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

[illegible] Long Brake Pads - [illegible]
4. Cleaned [illegible] tables. 5. Cleaned & lubed [illegible]
6. Replaced leaking check valve
7. Repaired loose focus ass'y - backpointer; aligned

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
1	[illegible]	[illegible]	Spring (longitudinal)	[redacted]
1	EA	21002305	Check Valve	

ACCEPTED BY SIGNATURE [illegible signature]
SERVICE REP SIGNATURE [illegible signature]
EMPLOYEE NO. [illegible]

CUSTOMER COPY

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICE WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 90 DAYS PARTS AND LABOR

CUST. ORDER	CHARGE POINT	PRODUCT	SERVICE RECORD NO.	SER
658	72200	A142	1399	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880216		880216		T80 4585		

SERVICE REQUESTED

- No Field or ODI Light

CUSTOMER

Nazareth Hosp
Holme Ave
Phila, PA

SERVICE PERFORMED

- Found Plug had fallen out.
Reinstalled Plug + Ty wrapped.

LOCATION CONSUMPTION

	STANDARD	OVERTIME
LABOR HOURS		
TRAVEL HOURS		

TRAVEL EXPENSES $

TYPE OF SERVICE

BILLED SERVICE	☐	CLINICAL DOWNTIME	
SOURCE REPLACEMENT	☐	SERVICE CONTRACT	☒
UNIT INSTALL'N	☐	SHOP REPAIR	☐
WARRANTY	☐	REMANU-FACTURE	☐
RECALL	☐	EXTRA ORDINARY	☐

FAILURE CODE

RECOMMENDATIONS

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
				[redacted]

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 90 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID		SERVICE RECORD NO.	SERIES
	658	72200	R142	5	3953	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.D. HOURS	R.V. HOURS
		880225	0900	880225	1200	T80 # 505		

SERVICE REQUESTED

- No Field Light

CUSTOMER

Nazareth Hosp
Home Doc
Phila PA

SERVICE PERFORMED

- Replaced Tapes + Brushes
- Checks good

LOCATION CONSUMPTION

	STANDARD	OVERTIME
LABOR HOURS	1.5	
TRAVEL HOURS	1.5	
TRAVEL EXPENSES	$	

TYPE OF SERVICE

BILLED SERVICE	☐	CLINICAL DOWNTIME	
SOURCE REPLACEMENT	☐	SERVICE CONTRACT	☒
UNIT INSTALL'N	☐	SHOP REPAIR	☐
WARRANTY	☐	REMANU-FACTURE	☐
RECALL	☐	EXTRA ORDINARY	☐

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
4	PR	3B0031P1	Brushes	
2	EA	23330492	TAPES	

[redacted]

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO.

CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SER RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	658	72200	A142	5	0917	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880212	08:00			T-80 #505		

SERVICE REQUESTED

Source makes scraping sound when going in or out

CUSTOMER

Nazareth Hospital
Holmes Ave
Phila Pa

LOCATION CONSUMPTION

SERVICE PERFORMED

Replaced front rider ring
operated machine in Shift mode
for over 1 hour and could
not duplicate problem.

LABOR HOURS — STANDARD: — OVERTIME:

TRAVEL HOURS — STANDARD: To 01.0 / Fm 01.0 — OVERTIME:

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE [ ]
- SOURCE REPLACEMENT [ ]
- UNIT INSTALL'N [ ]
- WARRANTY [ ]
- RECALL [ ]
- CLINICAL DOWNTIME [ ]
- SERVICE CONTRACT [✓]
- SHOP REPAIR [ ]
- REMANUFACTURE [ ]
- EXTRA ORDINARY [ ]

INVOICING INFORMATION

- LABOR
- TRAVEL
- MATERIAL
- FREIGHT
- TAX
- CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE	
1	EA	A142 402 128	Rider Ring		[redacted]

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE — [signature]

EMPLOYEE NO. 0021

4-CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	658	72200	A142	5	1468	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.R. HOURS	H.V. HOURS
880211		880211		880211		T-2 # 505		

SERVICE REQUESTED

1- Scraping noise when Source retracts

CUSTOMER
Mazabeth Hospital
Holme Ave
Philadelphia PA

LOCATION CONSUMPTION

SERVICE PERFORMED

1- Top of Light Housing is scratched + Rubbing on Tube

	STANDARD	OVERTIME
LABOR HOURS	.5	.5
TRAVEL HOURS		

TRAVEL EXPENSES $

TYPE OF SERVICE
- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- SERVICE CONTRACT
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

CLINICAL DOWNTIME

INVOICING INFORMATION
- LABOR
- TRAVEL
- MATERIAL
- FREIGHT
- TAX
- CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

Will return Tomorrow with new order assy + light housing Also need new Tube for light System (Badly Pitted)

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE Edward Kot

EMPLOYEE NO. 0524

4-CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	6058	72200	A142	5	1394	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880205	0900	880205		T80 # 505		

SERVICE REQUESTED

Service Call - Various problems

CUSTOMER

Nazareth Hosp
2601 Holme Ave
Phila PA

LOCATION CONSUMPTION

SERVICE PERFORMED

- Replaced Pins in Foot Lock Lever
- Replaced Retaining Knob & Name Plate on Hand Control
- Repaired Noisy Rot. Lock
- Replaced Str. Vert. Contactor
- Found Nothing Wrong with Coll Lock, But Found Arresor Ring Locked Very Tight Which Make Coll. Rot a Little Difficult
- Disantled Coll Field Size Knobs Cleaned with Solvent & Reassembled

LABOR HOURS	STANDARD	OVERTIME

TRAVEL HOURS	STANDARD	OVERTIME

TRAVEL EXPENSES $

TYPE OF SERVICE
- BILLED SERVICE ☐
- SOURCE REPLACEMENT ☐
- UNIT INSTALL'N ☐
- WARRANTY ☐
- RECALL ☐

CLINICAL DOWNTIME

- SERVICE CONTRACT ☒
- SHOP REPAIR ☐
- REMANUFACTURE ☐
- EXTRA ORDINARY ☐

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE
1	EA	6D015122	Name Plate	
1	EA	A10380913	Retaining Knob	
1	EA	3C236010	Contactor	

ACCEPTED BY SIGNATURE

SERVICE REP SIGNATURE

EMPLOYEE NO. 0028

4-CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.	SERIES
	658			5 1428	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880202	1030	880202	1330	T-80 # 505		

SERVICE REQUESTED

Laterl Couch Motion
does not work

SERVICE PERFORMED

1 Replaced 10-32 CAP Screws
Lockwashers + washers
which had fallen out of
Couch Lateral Bearing Blocks
mount - also applied
Loctite 242 (medium) as extra
precaution
- Tightened Couch Rotation
Brake Screws

FAILURE CODE

RECOMMENDATIONS

CUSTOMER

Nazareth Hosp
2601 Knight Ave
PHILA PA 19152

LOCATION CONSUMPTION

	STANDARD	OVERTIME
LABOR HOURS	01.0	
TRAVEL HOURS	01.5	

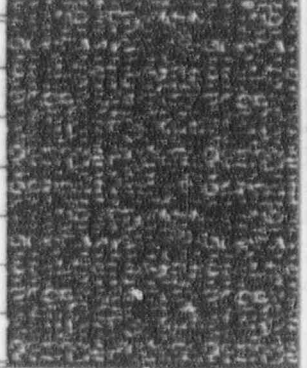
TRAVEL EXPENSES $

TYPE OF SERVICE			
BILLED SERVICE		CLINICAL DOWNTIME	
SOURCE REPLACEMENT		SERVICE CONTRACT	
UNIT INSTALL'N		SHOP REPAIR	
WARRANTY		REMANU-FACTURE	
RECALL		EXTRA ORDINARY	

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE



ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO. 0066

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AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	6538	22200	A142	5	1377	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
	-	88011	1200	88011		780 # 505		

SERVICE REQUESTED

- No Light on Field ok. ODI

CUSTOMER

Waterw Hosp
Holme Ave.
Phila. PA

LOCATION CONSUMPTION

SERVICE PERFORMED

- Found Problem To be The No Switch (Contacts (Rear) on Air Cylinder. Bypassed Switch & Wired Field Light & ODI Directly To Wire #101.
- Check good - Field, ODI Red & Green Lights

	STANDARD	OVERTIME
LABOR HOURS		
TRAVEL HOURS		
TRAVEL EXPENSES	$	

TYPE OF SERVICE

BILLED SERVICE		CLINICAL DOWNTIME	
SOURCE REPLACEMENT		SERVICE CONTRACT	X
UNIT INSTALL'N		SHOP REPAIR	
WARRANTY		REMANU-FACTURE	
RECALL		EXTRA ORDINARY	

INVOICING INFORMATION

LABOR	
TRAVEL	
MATERIAL	
FREIGHT	
TAX	
CUSTOMER TOTAL	

FAILURE CODE

RECOMMENDATIONS

- Interface Switch

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

[redacted]

24

SERVICE REP. SIGNATURE

EMPLOYEE NO. 0028

CUSTOMER COPY

AECL MEDICAL

SERVICE RECORD

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABOR

CUSTOMER ORDER NO. & DATE	COST CENTER	CHARGE POINT	PRODUCT ID	SERVICE RECORD NO.		SERIES
	656	71334	A142	5	1235	D

REQUEST DATE	TIME	START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.	S.B. HOURS	H.V. HOURS
		880107	1100			T80-505		

SERVICE REQUESTED

Rot Lock not working

CUSTOMER

Nazareth Hosp
Knights Ave
Phila Pa

LOCATION CONSUMPTION

SERVICE PERFORMED

Adjusted Spring Tension

LABOR HOURS	STANDARD	OVERTIME
	3.0	

TRAVEL HOURS	STANDARD	OVERTIME
	1	

TRAVEL EXPENSES $

TYPE OF SERVICE

- BILLED SERVICE
- SOURCE REPLACEMENT
- UNIT INSTALL'N
- WARRANTY
- RECALL
- CLINICAL DOWNTIME
- SERVICE CONTRACT C
- SHOP REPAIR
- REMANUFACTURE
- EXTRA ORDINARY

INVOICING INFORMATION

- LABOR
- TRAVEL
- MATERIAL
- FREIGHT
- TAX
- CUSTOMER TOTAL

FAILURE CODE

RECOMMENDATIONS

QUANTITY	U/I	PART NUMBER	DESCRIPTION	UNIT PRICE

[redacted]

ACCEPTED BY SIGNATURE

SERVICE REP. SIGNATURE

EMPLOYEE NO. 5635

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