

Please maintain a log of all maintenance activities performed on this unit.

Serial Number _____

Model _____

Date	Hours	% O2	Alarms Check	Additional Information (Work Done, Filter Changes, Comments, etc)
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Inspection Prior to Putting Into Service

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In-Service Checks

**Medical device regulations require users and service personnel to notify manufacturers of any incidents that, if repeated, could cause injury to any person. email: info@nidekmedical.com
Please update maintenance log information upon each service at www.nidekmedical.com under the 'Maintenance Log' tab.**