



Anesthesia System Service Info Sheet

Technician: _____ Date: _____

Facility: _____ PO #: _____
 Address: _____ Contact: _____
 Phone: _____

MACHINE: _____ VAPORIZER: Cagemount / Select-a-tec/ Bolt Mount
 Mfg: _____ Tec 3 Tec 4 Tec 5 Drager 19.1 Ohio 100F
 Model: _____ UVS III Penlon Other: _____
 S/N _____ Fill Style: Funnel Fill Key Fill
 Location: _____ Agent: Isoflurane Sevoflurane

Vap S/N _____ C&C _____ Company _____ Fill Level _____
 Evac _____
 O2 (Other) _____ Flowmeter Type _____ Mech Stop _____

Notes: _____ Parts: _____

Leak Test: _____ Vaporizer: _____ Anesthesia System: _____

	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00
ISO 0.0 0.0 0.0							N/A	N/A
0.0 0.0 0.0 SEVO								
0.0								
0.00	.85-1.15	1.70-2.30	2.55-3.45	3.40-4.60	4.25-5.75	5.10-6.90	5.95-8.05	