

MEDICAL GAS SYSTEM MAINTENANCE PROGRAM



Routine preventative maintenance (PM) is required to help reduce costly failures, leaks and unnecessary downtime. An Ohio Medical System Maintenance Program is an excellent and cost effective way to make sure that routine preventative maintenance is performed on all of your medical gas equipment.

Our history in the medical gas industry includes over 40 years of system manufacturing and 15,000+ medical gas pumping systems installed world-wide. We have fabricated systems for most of the major brand name manufacturers as well as produced and sold our own HEALTHCAIR® line.

We are pleased to offer a Medical Gas System Maintenance Program for your facility from Ohio Medical. We will conduct a system assessment to determine the present condition of your equipment and to establish a benchmark for future preventative maintenance.

The System Assessment Includes:

- Changing of oil and filters
- Inspection and adjustment of belts, drive couplings, mounting, etc.
- Cleaning of traps
- Performance testing, measuring amp draws
- Checking and testing alarms and alarm set points
- Recommending necessary repairs and upgrades
- Recommending spare part inventory to support preventative maintenance activities

Prior to commencing any repairs beyond the scope of the medical gas system maintenance program, as outlined, we must receive your written approval to proceed based upon our recommendations and estimates.

Under the **Total Customer Support Program**, you pay only for normal consumable items, such as oil, filters, etc. at a **10% discount**.

Program Participants Receive the Following Program Benefits:

- Preventative maintenance inspection, made during normal weekday work hours, at specified intervals
- A 10% discount off list price on any repair parts for systems under the contract, purchased during the term of the contract
- Guaranteed labor for repairs outside the standard PM, during the term of the contract, at a 10% discount from our standard rate schedule
- Periodic (quarterly or semi-annually) PM including each of these activities:

Medical Air Packages:

- Check/change intake filters per the manufacturer's guidelines
- Evaluate system condition and recommend repairs or upgrades
- Check and evaluate Dew Point and CO monitoring equipment
- Check and test alarms and alarm set points

Medical Air Dryer Systems

- Evaluate dryer effectiveness
- Change filters per manufacturer's guidelines

Medical Vacuum Systems

- Check/change oil and filters per the manufacturer's guidelines
- Evaluate system condition and recommend repairs or upgrades
- Check and test alarms and alarm set points

Medical Gas Manifolds

- Check for leaks
- Verify proper operation
- Verify line pressure
- Adjust primary and secondary regulators

Medical Gas Alarms

- Test audible alarms
- Verify and adjust visible alarms
- Verify and adjust pressure settings





1111 Lakeside Drive, Gurnee, IL 60031-4099
Phone: 800-448-0770 (Service Dept., Ext. 6279)
Fax: 847-855-6305, servicedept@ohiomedical.com
www.ohiomedical.com

Medical Gas Preventative Maintenance Equipment Identification Form

Please help us expedite your Preventative Maintenance Contract quote by completing this form and returning it to Ohio Medical's Service Department. **Fax to:** 847-855-6305, or **Email to:** servicedept@ohiomedical.com.

Primary Vacuum System

Manufacturer Name: _____

System Model: _____ System Serial Number: _____

Type of Pumps (examples: Liquid Ring, Dry Rotary Vane, Oil Flooded Rotary Vane, Rotary Claw, etc.):

Horsepower Rating: _____ Power Supply Voltage: _____

Date Installed: _____ Date Started: _____

System Location (examples: Mechanical Room Basement, Penthouse, 1st Floor, etc.):

Secondary / Back-up Vacuum System (If Applicable)

Manufacturer Name: _____

System Model: _____ System Serial Number: _____

Type of Pumps (examples: Liquid Ring, Dry Rotary Vane, Oil Flooded Rotary Vane, Rotary Claw, etc.):

Date Installed: _____ Date Started: _____

System Location (examples: Mechanical Room Basement, Penthouse, 1st Floor, etc.):

Primary Air Compressor System

Manufacturer Name: _____

System Model: _____ System Serial Number: _____

Type of Pumps (examples: Reciprocating Oil-Free, Oil-Less, Scroll, Rotary Claw Air, etc.):

Date Installed: _____ Date Started: _____

System Location (examples: Mechanical Room Basement, Penthouse, 1st Floor, etc.):



1111 Lakeside Drive, Gurnee, IL 60031-4099
Phone: 800-448-0770 (Service Dept., Ext. 6279)
Fax: 847-855-6305, servicedept@ohiomedical.com
www.ohiomedical.com

Secondary / Backup Air Compressor System (If Applicable)

Manufacturer Name: _____

System Model: _____ System Serial Number: _____

Type of Pumps (examples: Reciprocating Oil-Free, Oil-Less, Scroll, Rotary Claw Air, etc.):

Date Installed: _____ Date Started: _____

System Location (examples: Mechanical Room Basement, Penthouse, 1st Floor, etc.):

Medical Gas Pipeline Equipment

Gas Manifold Information

Manufacturer Name: _____

Manifold Serial Number: _____

Manifold Type/Model (examples: High Pressure Automatic, Semi-Automatic, Liquid to Liquid, etc.):

Gas Serviced (examples: Oxygen, Nitrous Oxide, Medical Air, etc.): _____

Date Installed: _____ Date Started: _____

Manifold Install Location (examples: Mechanical Room Basement, 1st Floor, 2nd Floor, etc.):

Master Alarm(s)

Manufacturer Name: _____

Master Alarm Serial Number: _____

Date of Install: _____ Date of Start-up: _____

Location of Master Alarm: _____

Area Alarm(s)

Manufacturer Name: _____

Master Alarm Serial Number: _____

Date of Install: _____ Date of Start-up: _____

Location of Master Alarm: _____

Please copy this form if you need to provide additional information on any other equipment for Preventative Maintenance consideration. Thank you for the opportunity to provide you with quality products and services from Ohio Medical.