



**Anesthetic Machine Service Authorization Form**

\*send back to Amy Boekhout at [alss@med.umich.edu](mailto:alss@med.umich.edu) to be signed up for service\*

Principal Investigator \_\_\_\_\_

Lab Contact \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Account Number to Be Used \_\_\_\_\_

Location of Anesthesia Machine \_\_\_\_\_

**This authorization form is for the following services:**

Certification of performance inspection. Includes:

1. Pressure check to determine leaks. Minor leaks will be repaired.
2. An analyzer will be used to confirm correct output of anesthetic gas
3. Flow rate will be checked and adjustments made

In house repairs and/or additional charges related to repairs

(Certification will NOT be issued if these minimum requirements are not met)

Machine type:

- Large re-breathing system with CO2 absorber:

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Rodent vaporizer system:

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_