

Ophthalmas® Eyelite® / Eyelase Green Data Sheet

Customer: OK FN OLOMOOR

Work Order No. 419

Model: Eyelite

S/N: 0002204801x

NOTE: Throughout this checklist either fill in the requested data or place a ☒ mark in the bracketed space, (☐). Any N/A's must be explained in the notes section of this document.

Test Equipment:

EQUIPMENT	CALIBRATION NUMBER	CALIBRATION DUE DATE
Power Meter <u>Field Tester</u>	<u>—</u>	<u>10/7/2005</u>
Power Meter Head <u>LP10</u>	<u>—</u>	<u>10/7/2005</u>
Oscilloscope		

Check one of the following: ☒ Preventative Maintenance or ☐ Service Call/Installation/Upgrade
(Complete section 2.1, then proceed to 2.2) (Start at section 2.2)

2.1. PREVENTATIVE MAINTENANCE

- | | |
|--|--|
| 2.1.1 <input checked="" type="checkbox"/> Slit Lamp Optical Alignment | 2.1.4.4 <input checked="" type="checkbox"/> Shutter Closed Safety |
| 2.1.2 <input checked="" type="checkbox"/> LIO Optical Alignment | 2.1.4.5 <input checked="" type="checkbox"/> Shutter Open Safety |
| 2.1.3.3 <input checked="" type="checkbox"/> Slit Lamp Delivery System Efficiency | 2.1.4.6 <input checked="" type="checkbox"/> Shutter Open Safety (on startup) |
| 2.1.3.4 <input checked="" type="checkbox"/> LIO Delivery System Efficiency | 2.1.4.7 <input checked="" type="checkbox"/> Safety Photocell #3 Safety |
| 2.1.3.5 <input checked="" type="checkbox"/> Endoprobe Fiber Transmission | 2.1.4.9 <input checked="" type="checkbox"/> Fiber Detection Safety |
| 2.1.3.6 <u>264356</u> Number of Shots on Laser | |

2.2. SERVICE FUNCTIONAL TEST

- | | |
|---|--|
| 2.2.1 <input checked="" type="checkbox"/> Visual Inspection | 2.2.6.6 <input checked="" type="checkbox"/> Remote Interlock Safety |
| 2.2.2.1 <input checked="" type="checkbox"/> Slit Lamp Mechanical Check | 2.2.6.7 <input checked="" type="checkbox"/> Doctors Filter Disconnect Safety |
| 2.2.2.2 <input checked="" type="checkbox"/> Slit Lamp Optical Check | 2.2.6.8 <input checked="" type="checkbox"/> Foot switch Disconnect Safety |
| 2.2.4.4 <input checked="" type="checkbox"/> Power | 2.2.6.9 <input checked="" type="checkbox"/> Foot switch depressed Safety |
| 2.2.5 <input checked="" type="checkbox"/> Aiming beam intensity < 1mW | 2.2.6.10 <input checked="" type="checkbox"/> Potentiometer Safety |
| 2.2.6.1 <input checked="" type="checkbox"/> Panic Switch Safety | 2.2.6.11 <input checked="" type="checkbox"/> Power to minimum Safety |
| 2.2.6.2 <input checked="" type="checkbox"/> Key Switch Safety | 2.2.6.12 <input checked="" type="checkbox"/> Keypad Functionality |
| 2.2.6.3 <input checked="" type="checkbox"/> Fiber Detection Safety | 2.2.6.13 <input checked="" type="checkbox"/> Keypad button Safety |
| 2.2.6.4 <input checked="" type="checkbox"/> Doctors Filter Engage/Disengage Slit Lamp | 2.2.7 <input checked="" type="checkbox"/> Final Check |
| 2.2.6.5 <input checked="" type="checkbox"/> Doctors Filter Engage/Disengage Endoprobe | |

2.2.3 Ophthalmas 532 Eyelite/Eyelase green Timing Table					
Displayed	0.0085-0.0115s	0.085-0.115s	0.225-0.345s	0.595-0.805s	1.275-1.725s
Actual	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
2.2.4 Ophthalmas 532 Eyelite/Eyelase green Power Table					
Mode	0.0255-0.0345W	0.0425-0.0575W	0.085-0.115W	0.425-0.525W	0.850-1.15W
Slit Lamp					
Endo Probe		<u>0.050</u>		<u>0.513</u>	<u>1.02</u>
LIO			<u>0.107</u> <u>0.095</u>	<u>0.520</u> <u>0.513</u>	<u>1.02</u> <u>0.970</u>

KORINIK

Signature A.S.

Date 27.5.05

Test Performed by (PRINT)

Notes: SLIT Lamp N/A.