



The Rose

FL14E3

stryker®

Operations Manual



For Technical Assistance:
USA: (800) 327-0770 (option 2)
Canada : (888) 233-6888

CE

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Introduction

This Operations manual is designed to assist you with the operation of the Stryker Model FL14E3 Long-Term Care Bed. Read it thoroughly before operating the bed. Hospital staff should be able to refer to this manual at all time when using the bed.

This manual is an integral part of the bed and should be included if the bed is sold or transferred.

BED SPECIFICATIONS

Safe Working Load	159 kg (350 lb)
Overall Bed Length/Width (76", 78", 80" beds).	83 3/4" (213 cm) - 86 1/4" (219 cm) - 87 1/4" (222 cm) x 41 3/4" (106 cm) -siderails up 37" (94 cm) - siderails down
Fowler Angle	0° to 60°
Knee Gatch Angle	0° to 30°
Minimum/Maximum Bed Height (to top of mattress support centre section)	30 cm (12") to 71 cm (28")
Bed Stabilization System	Reverse Lock System (bed normally rests on its legs)
Overall Weight with Half-Length Siderails (4)	162 kg (357 lb)
Bed Exit System (Optional) Environmental Conditions Transport and Storage - Ambient Temperature - Relative Humidity - Atmospheric Pressure Operation - Ambient Temperature - Relative Humidity - Atmospheric Pressure	-40° to 70°C (-40° to 158°F) 10 to 100% 500 to 1060 hPa 18.3° to 26.7°C (65° to 80°F) 5 to 95% without condensation 700 to 1060 hPa
The FL14E3 bed meets the CAN/CSA C22.2 No. 601.1 standard.	~120V, 60 Hz, 6A -Two 250V, 10A Fast Acting Fuses

TECHNICAL SUPPORT

For questions regarding this product, contact the following Technical Service Department or your local representative:

Canada

Stryker Canada
1 888 233-6888
45, Innovation Drive
Hamilton, Ontario, L9H 7L8
Canada

United States

Stryker Medical
1 800 327-0770
3800, East Centre Avenue
Portage, MI 49002
USA

Safety Precautions

Before operating the bed, it is important to read and understand all information in this manual. Carefully read and strictly follow the safety guidelines listed below. It is important that all users have been trained and educated on the inherent hazards associated with the usage of electric beds.



WARNING

- This bed is not intended for pediatric use i.e., for any patient measuring 90 cm (35") or less.
- Unless equipped with sturdy auxiliary casters (optional), the FL14E3 can be moved only on short distances; the bed is not designed to carry out the displacement of patients between rooms, floors or care units.
- Serious injury can result if caution is not used when operating the bed. Operate the bed only when all persons and equipment are clear of the electrical and mechanical systems.
- This bed is equipped with a hospital grade plug for protection against shock hazards. It must be plugged directly into a properly grounded receptacle. Grounding reliability can be achieved only when a hospital grade receptacle is used.
- Always make sure the bed is resting on its legs when a patient is on the bed. Serious injury could occur if the bed moves while a patient is getting in or out of bed. Always check bed stability after having brought it back onto its legs.
- Possible fire hazard exists when this bed is used with oxygen administering equipment other than nasal, mask type or half bed-length tent type. It is recommended to disconnect the bed when oxygen-administering equipment is used. When using a half bed-length tent type, ensure the siderails are outside the oxygen tent and remove any pendant control (optional) present from the bed. Oxygen tent should not extend below the mattress support level.
- To help reduce the number and severity of falls by patients, always leave the bed in the lowest position and leave the siderails fully up when the patient is unattended. After raising the siderails, pull firmly on the siderail to ensure it is securely locked into the up position.
- Always keep siderails in the fully raised position and the sleep surface horizontal in its lowest position when the patient is sleeping unless the patient's medical condition dictates otherwise.
- Siderails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep patient from exiting the bed. Siderails are designed to keep a patient from inadvertently rolling off the bed. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain safely in bed. Failure to utilize the siderails properly could result in serious injury to the patient.
- When a patient's condition requires greater safety measures for his/her security, remove the pendant control (optional) and install protective pads (optional) on the siderails.
- When the sleep surface sections are articulated, ensure that all patient's limbs are within the raised siderails to avoid patient injury.
- Ensure that no objects, including the bed power cord and/or the Bed Exit connection cable (optional), are trapped under a leg or the crossbars supporting the legs when the bed is brought back onto its legs.
- The Bed Exit system (optional) is intended only to aid in the detection of a patient exiting the bed. It is not intended to replace patient monitoring protocol. The Bed Exit system signals when a patient is about to exit the bed. The addition or removal of equipment after the zeroing and/or the activation of the Bed Exit system must be done using the "Procedure for Adding or Removing Equipment", otherwise the sensitivity of the system may be affected and the readings of the patient's movement in the bed be erroneous.
- The Bed Exit system (optional) is not designed to be used with patients weighing less than 50 lb (23 kg).
- When large fluid spills occur in the area of the circuit board, control panel, cables and motors, immediately unplug the bed. Remove the patient from the bed and clean up the fluid. Have service personnel completely check the bed. Fluids can have an adverse effect on operational capabilities of any electrical product. DO NOT put the bed back into service until it is completely dried and has been thoroughly tested for safe operation.

Safety Precautions

- Do not steam clean, hose off or ultrasonically clean the bed. Do not immerse any part of the bed. Hand wash regularly all surfaces of the bed with a soft cloth moistened with a solution of lukewarm water and mild detergent. Wipe cleaned surfaces dry to avoid build up of cleaning substance. Inspect the mattress after each use. Discontinue use if any cracks or rips are found in the mattress cover, which may allow fluid to enter the mattress. Failure to properly clean mattress or dispose of defective mattress will increase the risk of exposure to pathogenic substances and may bring about diseases to the patient and/or user.
- Always unplug the bed power cord from the wall outlet when cleaning or servicing the bed. When working under the bed with the bed in the high position, always place blocks under the bed frame to prevent injury.
- Before using the optional emergency crank during a power failure, always unplug the power cord. An unexpected return of power could rotate the handle and cause injury. Remove and store the crank before reconnecting the bed.
- Preventative maintenance should be performed periodically to ensure all bed features operate properly. Ensure that any bed malfunction is promptly reported to service personnel for immediate attention.
- When servicing the bed, use only identical replacement parts provided by Stryker.

Note

Throughout this Operations manual, the words “right” and “left” refer to the right and left sides of a patient lying face up on the bed.

Setup Procedures

SETTING UP THE BED

Hospital beds must be installed properly and their operation checked before use. A visual inspection of components should be conducted and bed functions should be tested to ensure that no damage occurred during shipping. The following list will help checking each part of the bed.



CAUTION

The head end of the bed gets closer to the wall when the sleep surface is lowered. To prevent any damage to the bed or the wall, place the bed head end at least 6" from the room wall when the sleep surface is at its lowest position.

POWERING THE BED

Install the head and foot boards and connect the foot end control panel cable to the connector located on the right side of the bed, on the inner face of the foot casing (see fig. 2.3). The boards can be permanently mounted.

- _____ Plug the bed power cord into a hospital grade wall outlet.
- _____ Place the power connector main switch (Q, fig. 1.10) to the ON position and turn on the On/Off switch (B, fig. 1.10). The green LED (4, fig. 2.1B and 2.1C).

CHECKLIST

Note

Check if the Bed Exit connection cable (optional) is present; it is placed at the head end of the bed in plant. If present, remove it completely before beginning the set-up verifications; otherwise, it will stretch and break when the bed is raised. Once the verifications are completed, raise the bed completely before winding back the cable at the head end of the bed.

Sleep Surface Position

- _____ Test the operation of the Fowler and Knee Gatch controls by pressing the appropriate switch on the foot board control panel. Ensure that the sleep surface sections operate smoothly and that they return to their horizontal position.

Bed Elevation

- _____ Test the operation of the bed elevation controls on the foot end control panel. Raise the bed to its highest position and then lower it until it automatically stops at the intermediate position. Movements should be smooth.

Bed Mobility

- _____ Test the bed-on-casters function located on the foot board control panel to ensure that it operates properly. Check that the bed moves smoothly on its casters. Check the bed mobility on short distances only. See the Safety Precaution section.
- _____ Check that the bed-on-casters LED goes on when the bed rests on its casters and goes out when the bed is brought back on its legs. This LED is a safety device designed to remind the user that the bed is unstable when it rests on its casters.

Locking/Unlocking siderails

- _____ Ensure that siderails automatically latch and lock in the raised position and that the latch levers (both sides of the bed) unlock the siderails and return to their initial position after being released.

Setup Procedures

CHECKLIST (continued)

Bed Exit System (optional)

- _____ Remove from the bed any items coming from the packaging as well as the mattress. Nothing should remain on the bed. The head and foot boards should remain on the bed.
- _____ Lower all the siderails and tuck them under the mattress support.
- _____ Place the bed at any height.
- _____ Press and keep pressed the ARM/DISARM key until the LED flashes; then release the key (do not touch the bed until the LED goes out completely). When the LED stops flashing, the system is zeroed.
- _____ Place a weight superior to 50 lb on the centre of the mattress support head section.
- _____ Press the Arm/Disarm key to activate the Bed Exit system.

NOTE

Do not change the bed height once the Bed Exit system is armed. Doing so would affect the system sensitivity. If the height must be changed, disarm the system, adjust the bed height and arm again the system.

- _____ Move the weight toward the left side of the bed until the alarm goes off (the alarm will originate from the bed buzzer). Press again the Arm/Disarm key to deactivate the Bed Exit and bring the weight back to the centre of the head section.
- _____ Press the Arm/Disarm key to reactivate the Bed Exit system.
- _____ Move the weight toward the right side of the bed until the alarm goes off. Press again the Arm/Disarm key to deactivate the Bed Exit, and bring the weight back to the centre of the head section.
- _____ Press the Arm/Disarm key to reactivate the Bed Exit system.
- _____ Move the weight toward the foot end of the bed, without however leaving the surface of the mattress support, until the alarm goes off. Press again the Arm/Disarm key to deactivate the Bed Exit, and remove the weight from the bed.
- _____ Connect the Bed Exit cable to the nurse call system and activate the Bed Exit through the Arm/Disarm key. Simulate a bed exit with the weight and ensure that the alarm signal reaches the nurse desk.

If any problems are found during bed set-up, contact our Technical Service department.

BED POSITION PICTOGRAMS

The following pictograms illustrate the FL14E3 basic positions. The vascular position shown is obtained through raising the Knee Gatch. A support arm, integrated to the foot section, automatically raises the foot section as the Knee Gatch raises.

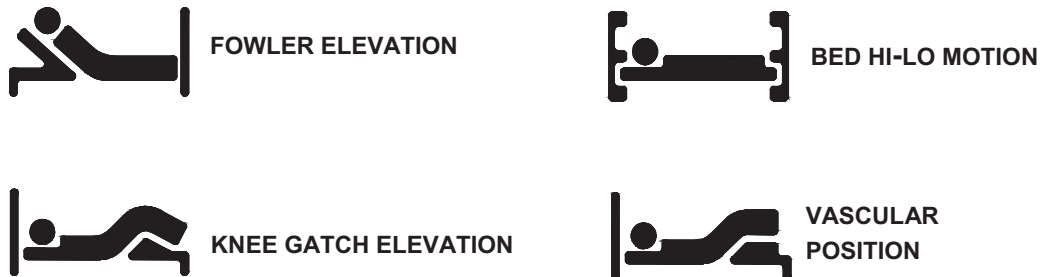


Figure 1.8

Symbols



Warning, Refer to Service/Maintenance Manual



Alternating Current



Type B Equipment: Equipment providing a particular degree of protection against electric shock, particularly regarding allowable leakage current and reliability of the protective earth connection.

Class 1 Equipment: Equipment in which protection against electric shock does not rely on BASIC INSULATION only, but which includes an additional safety precaution in that means are provided for the connection of the EQUIPMENT to the protective earth conductor in the fixed wiring of the installation in such a way that ACCESSIBLE METAL PARTS cannot become live in the event of a failure of the BASIC INSULATION.

Mode of Operation: Continuous

IPX4: Protection from liquid splash



Dangerous Voltage Symbol



Protective Earth Terminal



Potential Equalization Symbol



Medical Equipment Classified by Underwriters Laboratories Inc. with Respect to Electric Shock, Fire, Mechanical and Other Specified Hazards Only in Accordance with UL 60601-1, First Edition (2003) and CAN/CSA C22.2 No. 601.1-M90 with updates 1 and 2.

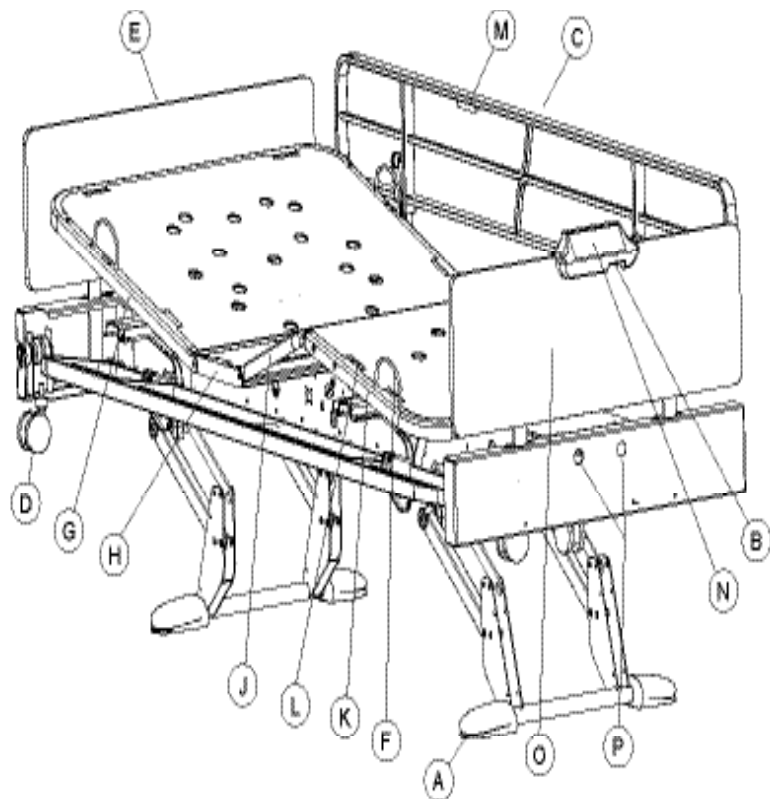


Safe Working Load Symbol

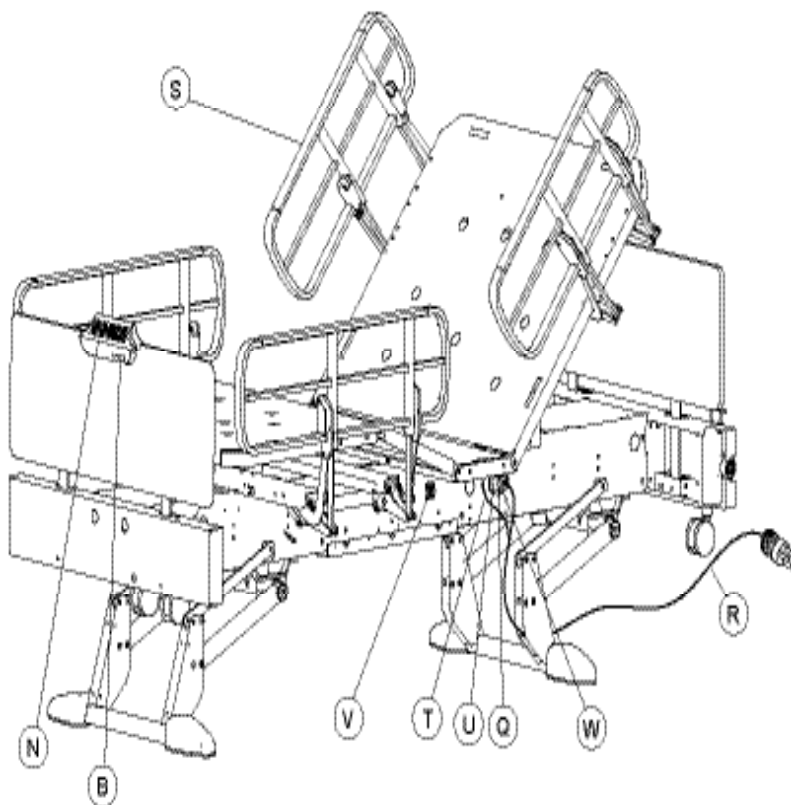


In accordance with European Directive 2002/96/EC on Waste Electrical and Electronic Equipment, this symbol indicates that the product must not be disposed of as unsorted municipal waste, but should be collected separately. Refer to your local distributor for return and/or collection systems available in your country.

Product Illustration



- A. Bed leg
- B. On-off switch
- C. Full-length siderail. Three-quarter and full length siderails also available.
- D. Caster
- E. Head board
- F. Mattress retainer
- G. Head section
- H. Center section
- I. Knee Gatch section
- J. Foot section
- K. Restraint strap slots
- L. Wire holder
- M. Foot end control panel
- N. Foot board
- O. Emergency crank openings



- P. Main switch
- Q. Power cord with plug on both ends
- R. Half-length siderails. Three-quarter and full length siderails also available.
- S. Bed Exit Connection Cable (optional)
- T. Power connector fuse box
- U. Receptacle for the pendant control cable
- V. Power connector

Figure 1.10

Operations

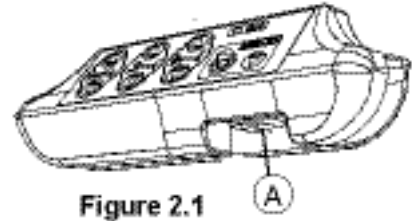
FOOT BOARD CONTROL PANEL

POWERING THE BED

 **WARNING**

The bed is equipped with a hospital grade plug for protection against shock hazards. It must be plugged into a grounded receptacle. Grounding reliability can be achieved only when a hospital grade receptacle is used.

Plug the bed in a hospital grade plug, turn the main switch of the power connector On and turn the On/Off switch (A) on. The green LED (4, fig. 2.1B and 2.1C below and next page) will go on.



Note

When the On/Off switch is turned off, all electric commands are inoperative but the circuit board is still powered to keep the bed-on-casters LED (8, fig. 2.1B, below) active. The LED will remain lit as long as the bed is resting on its casters as a reminder that the bed is unstable. However, it will not be the case if the main switch is turned off or a power failure occurs.

 **CAUTION**

Do not push/pull on the foot end control panel to move the bed.

MEMBRANE WITHOUT BED EXIT (OPTIONAL)

Press the appropriate switch to reach the desired result.

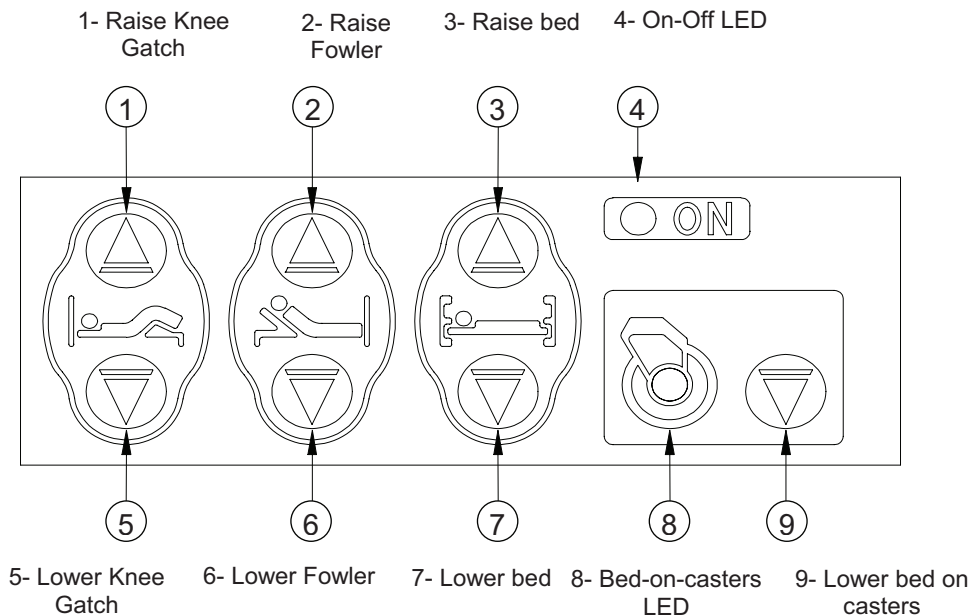


Figure 2.1B

Operations

MEMBRANE WITH BED EXIT (OPTIONAL)

WARNING

The Bed Exit system (optional) is intended only to aid in the detection of a patient exiting the bed. It is not intended to replace patient monitoring protocol. The Bed Exit system signals when a patient is about to exit the bed. The addition or removal of equipment following the zeroing and/or the activation of the Bed Exit system must be done using the “Procedure for Adding or Removing Equipment”, otherwise the sensitivity of the system may be affected and the readings of the patient’s movement in the bed be erroneous.

The Bed Exit system (optional) is not designed to be used with patients weighing less than 50 lb (23 kg).

To maintain the Bed Exit system (optional) precision, it is recommended to zero the system at least once a week. Ensure that the bed is unoccupied before proceeding.

Note

Refer to figure 2.1B, for the function of the keys not described below.

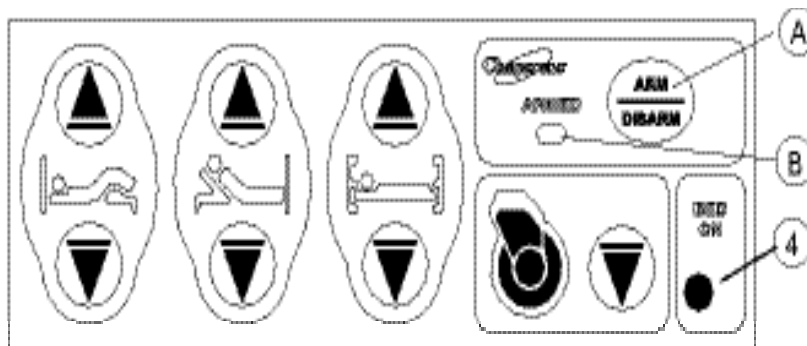


Figure 2.1C

ZEROING THE BED EXIT SYSTEM

The Bed Exit system must absolutely be zeroed before use. To do so, follow this procedure:

- First, make sure that the system is disarmed (LED off).
- Prepare the bed for the new patient (sheets, pillows, equipments).
- Press and keep pressed the ARM/DISARM key (A) until the LED (B) starts flashing; then release the key (do not touch the bed until the LED goes out completely). When the LED stops flashing, the system is zeroed.

The system can now be activated.

- Install the patient in the bed and place the bed to the desired height. Ensure the patient lies in the bed in his usual position before activating the system.
- Activate the Bed Exit system by pressing the ARM/DISARM key (A). LED (B) will go on.

Note

Do not change the bed height once the Bed Exit system is armed. Doing so will affect the sensitivity of the system. If the height must be changed, disarm the system, set the bed height and arm the system.

- To deactivate the Bed Exit system after an alarm or to simply deactivate it, press the ARM/DISARM key (A). LED (B) will go out.

Operations

PROCEDURE FOR ADDING OR REMOVING EQUIPMENT

If equipment must be added or removed from a bed occupied by a patient and the Bed Exit system has been zeroed and/or is activated, deactivate first the system and remove the patient from the bed. Then, add or remove the equipment and zero the system as described above. Only then can the patient be reinstalled in the bed and the system reactivated.

CONNECTING THE BED TO THE NURSE CALL SYSTEM

To monitor a patient's movement from the nurse desk, connect the connection cable (optional), offered with the Bed Exit system (optional), to the nurse call system of the health care centre. Note that the alarm will also be heard in the patient's room.



CAUTION

To prevent damage to a Bed Exit connection cable (optional) not in use, ensure it is unwound and winded back only after the bed has been fully raised.

Note

When the On/Off switch of the foot end control panel is turned off, the Bed Exit system will remain active and its LED will remain lit. However, it won't be the case if the main switch (Q, fig. 1.10, page 12) is turned off or a power failure occurs, in which case the system will return to its initial status when power is restored.

MOVING THE BED



WARNING

Unless equipped with sturdy auxiliary casters (optional), the FL14E3 bed can be moved only on short distances; the bed is not designed to carry out the displacement of patients between rooms, floors or care units.

Always make sure the bed is resting on its legs when a patient is on the bed. Serious injury could occur if the bed moves while a patient is getting in or out of bed. Always check the bed stability after having moved the bed. The bed is equipped with a reverse lock system. Therefore, the bed always rests on its legs and may be moved using the casters attached to the frame.

MOVING THE BED ON SHORT DISTANCES ONLY:

1. Lower the bed to its intermediate height using the lower-the-bed switch (fig. 2.1B). The bed lowering movement automatically stops when the intermediate height is reached.
2. Then, press the bed-on-casters key (fig. 2.1B) to bring the bed onto its casters. Ensure the legs are clear from the ground by pressing the key until the legs are completely raised. As soon as the bed rests on its casters, the bed-on-casters LED (8, fig. 2.1B) goes on and will remain lit as long as the bed will rest on its casters. When the bed is brought back onto its legs, the LED goes off.
3. Once moved, bring the bed back onto its legs using the raise-bed switch (fig. 2.1B).



CAUTION

Ensure that no objects, including the bed power cord and/or the Bed Exit connection cable (optional), are trapped under a leg or the crossbars supporting the legs when the bed is brought back onto its legs.

Operations

HEAD AND FOOT BOARDS

The head and foot board can easily be removed and replaced. They may also be mounted permanently.

REMOVING THE FOOT BOARD

- _____ Unplug the control panel cable (B). The connection (C) is located under the foot section.
- _____ Grasp and lift the foot board (A) out of the mounting sockets.

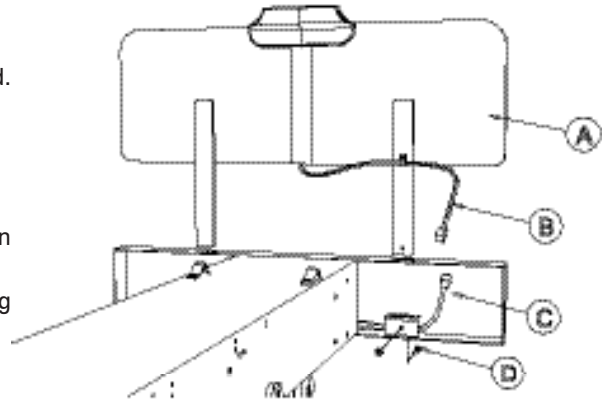


Figure 2.3

Note

Ensure that the control panel cable is plugged once the foot board is installed

REMOVING THE HEAD BOARD

- _____ Grasp and lift the head board out of the mounting sockets.

INSTALLING THE BOARDS PERMANENTLY

- _____ Insert 1/4"-20 x 2 1/2" long screws (D) in the holes provided at the head and foot ends of the bed.

POSITIONING SIDERAILS

The bed may be equipped with three different types of siderails: full length, three-quarter length and half-length. Siderails offer two positions: fully raised or retracted under the sleep surface.

WARNING

After having raised a siderail, pull firmly on it to ensure it is securely locked into position. Siderails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep patient from exiting the bed. Siderails are designed to keep a patient from inadvertently rolling off the bed. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain safely in bed. Failure to utilize the siderails properly could result in serious injury to the patient.

RAISING A SIDERAIL

Grasp the centre of the upper part (A) of the siderail and pull upwards until it latches into high position.

LOWERING A SIDERAIL

Hold the centre of the upper part (A) of the siderail rail with one hand. With the other hand, reach and lift the release lever (B). Pivot the rail down and tuck it under the sleep surface.

Operations

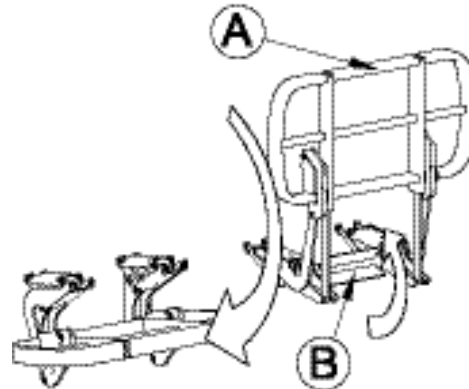


Figure 2.4

FOOT SUPPORT ARM

A foot support arm (2), integrated to the foot section (1), enables the positioning of the sleep surface into the vascular position. The arm engages automatically and raises the foot section as the thigh section is raised, thus maintaining the foot section nearly horizontal.

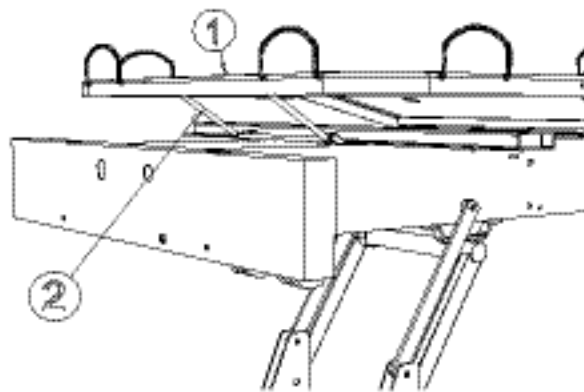


Figure 2.5

Since the support arm engages automatically when the Knee Gatch is raised, it must be disengaged manually whenever a simple Knee Gatch elevation is required. To do so, simply lift the foot section once the Knee Gatch is raised, and disengage the support arm from the hooks.

PATIENT RESTRAINT STRAP LOCATIONS

The bed is equipped with 12 locations (fig. 1.10) for the installation of patient restraint straps. Ten of them are located on the mattress support edges directly across from each other and the remaining two are located on the top edge of the head section.

WIRE HOLDER

The siderails feature wire holders (A). They may be used to secure cables (B) and tubing of all kinds inside or outside the bed.

Operations

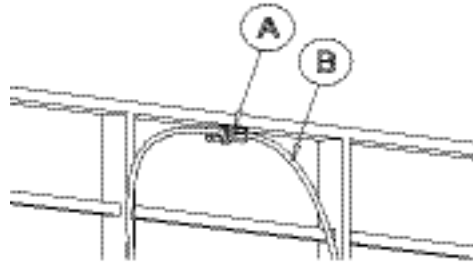


Figure 2.7

PENDANT CONTROLS (OPTIONAL)

Pendant controls (optional) allow the patient or the nursing staff to set the position of the sleep surface sections without having to use the foot end control panel. They are equipped with hooks allowing them to be hung on the siderails or on one of the boards.

Two models are available:

TWO-FUNCTION PENDANT CONTROL

This pendant control allows the setting of the position of the Fowler and Knee Gatch.

THREE-FUNCTION PENDANT CONTROL

This pendant control allows the setting of the position of the Fowler and Knee Gatch as well as the bed height.

Pendant controls are plugged into one of the two receptacles located on both sides of the bed under the centre section.

ACCESSORIES

Below is the list of the accessories that can be used on the FL14E3 and their maximum working load when applicable:

- Bed cradle
- Overhead trapeze - maximum working load: 150 lb (68 kg)
- Ø1/2" removable I.V. Pole - maximum working load: 11lb (5 kg)
- Chart holder
- Emergency crank
- Protective barriers for half-length siderails
- Support for the protective barriers
- Padded covers for half-length siderails (set of four)
- Padded covers for half-length siderails (set of two - head)
- Padded covers for three-quarter length siderails (set of two)
- Padded covers for full-length siderail (set of two)
- Padded cover for the head board
- Padded cover for the foot board

Preventative Maintenance



WARNING

Only field technicians from Stryker or service personnel trained by Stryker should perform the procedures detailed in this Maintenance Manual, especially those related to the Bed Exit system (optional). Failure to observe this restriction can result in serious damage to material and/or severe injury to patient or operator.

When servicing, use only identical replacement parts provided by Stryker. Depending on the level of use of the bed, it may be necessary to proceed with the preventative program more than once a year.

Annual Checklist

- _____ Inspection of all fasteners (bolts, locknuts and screws). Tighten if necessary. Pay special attention to the pivot points of the Hi-Lo levers of the bed. Specific torque must be applied when tightening the fasteners of these pivot points. Refer to figure 2.3 of the Maintenance Manual.
- _____ Inspection and lubrication as needed of all the lubrication points.
- _____ Inspection for excessive wear of all the oil-impregnated bronze shoulder spacers found on the different pivot points of the bed moving components. Replace as needed.
- _____ Green bed-on LED goes on when On/Off switch is turned on.
- _____ All functions on foot end control panel working properly.
- _____ Zero the Bed Exit system (optional) and verify that all the bed areas react when the system is activated. Also, ensure that the Bed Exit connection cable (optional) carries the alarm signal to the nurse desk. If any problems are found during the verification of the Bed Exit system, refer to the troubleshooting section on the Maintenance Manual.
- _____ Bed lowering on casters using the bed-on-casters function working properly:
 - _____ The bed-on-casters LED goes on when the bed rests on its casters and goes out when the bed is brought back onto its legs.
- _____ Pendant control (optional) works properly.
- _____ Siderails pivot easily and latch properly in high position, adjust if needed.
- _____ Check the locking rollers of the siderail locking mechanism. Replace if necessary. A semi-tubular rivet gun will be necessary if replacement is needed.
- _____ Foot prop rod intact and working properly.
- _____ No cracks or splits in the bed boards.
- _____ Head end bumpers tightly secure and working properly.
- _____ No rips or cracks in mattress cover.
- _____ All casters operate properly.
- _____ Emergency crank (optional) working properly.
- _____ Night light (optional) working properly.
- _____ Power cord not frayed. No cables worn or pinched. All electrical connections tight. All grounds secured to the frame.
- _____ Bed current leakage and grounding continuity measures meet the correct values for the bed. Check with the Service Department for the acceptable values.

Cleaning

BED AND MATTRESS CLEANING

WARNING

Always unplug the bed power cord from the wall outlet when cleaning or servicing the bed.

CAUTION

Do not use harsh cleaners, solvents or detergents. Do not steam clean, hose off or ultrasonically clean the bed. Do not immerse any part of the bed.

Germicidal disinfectants, used as directed, and/or Chlorine Bleach products are not considered mild detergents. These products are corrosive in nature and may cause damage to your bed if used improperly. If these types of products are used, be sure that the beds are rinsed with clean water and thoroughly dried following cleaning. If you don't properly rinse and dry the beds, a corrosive residue will leave on the surface of the bed and possibly cause premature corrosion of critical components. Failure to follow the above directions when using these types of cleaners may void this product warranty.

Cleaning Beds

- Hand wash all surfaces of the bed with a soft cloth moistened with a solution of lukewarm water and a mild detergent.
- Wipe the bed clean and dry thoroughly to avoid build up of cleaning solution.

Mattress Care

WARNING

Inspect the mattress after each use. Discontinue use if any cracks or rips are found in the mattress cover that may allow fluid to enter the mattress. Failure to properly clean the mattress or dispose of it if defective may increase the risk of exposure to pathogenic substances and may bring about diseases to the patient and/or user.

Inspection

- Implement local policies to address regular care, maintenance and cleaning of mattresses and covers. The cover cleaning procedure can be found below and on the mattress label.
- Inspect mattress cover inner and outer surfaces as well as the zip fasteners regularly for signs of damage. If the mattress cover is heavily stained or soiled, or is torn, remove the mattress from service.

Cleaning

- Stains: Wash with lukewarm water using a mild detergent. Rinse with water and let dry. For tough stains, use bleach diluted with ten parts of water.

Warranty

LIMITED WARRANTY

All Stryker products are guaranteed against material or workmanship defects, improper operation of mechanisms, and premature wear of bed components under normal use conditions.

For questions regarding warranty, please contact the Technical Service department or your local representative.

TO OBTAIN SERVICE AND/OR PARTS

For an on-site diagnosis and/or repair of a bed malfunction by a Field Service Representative or to order replacement parts (see “To Order Replacement Parts” in the Maintenance Manual), contact the Technical Service department or your local representative.

RETURN AUTHORIZATION

Merchandise cannot be returned without approval from the Technical Service department. An authorization number will be provided, which must be clearly printed on the returned merchandise. Stryker reserves the right to charge shipping and restocking fees on returned items.

DAMAGED MERCHANDISE

Claims for damaged merchandise must be made with the carrier within fifteen (15) days of receipt of merchandise. **Do not accept damaged shipments unless such damage is noted on the delivery receipt at the time of receipt.** Upon prompt notification, Stryker will file a freight claim with the appropriate carrier for damages incurred. Claims will be limited in amount to the actual replacement cost. In the event that this information is not received by Stryker within the fifteen (15) days period following the delivery of the merchandise or the damage was not noted on the delivery notice at the time of receipt, the customer will be responsible for payment of the original invoice in full.

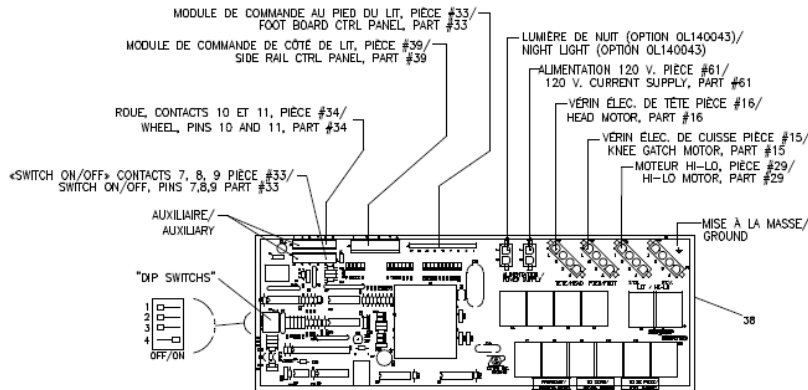
Claims for any short shipment must be made within 5 days of invoice.

Appendix A: Recycling Passport

Recycling Passport



Assembly Part Number: OL140123



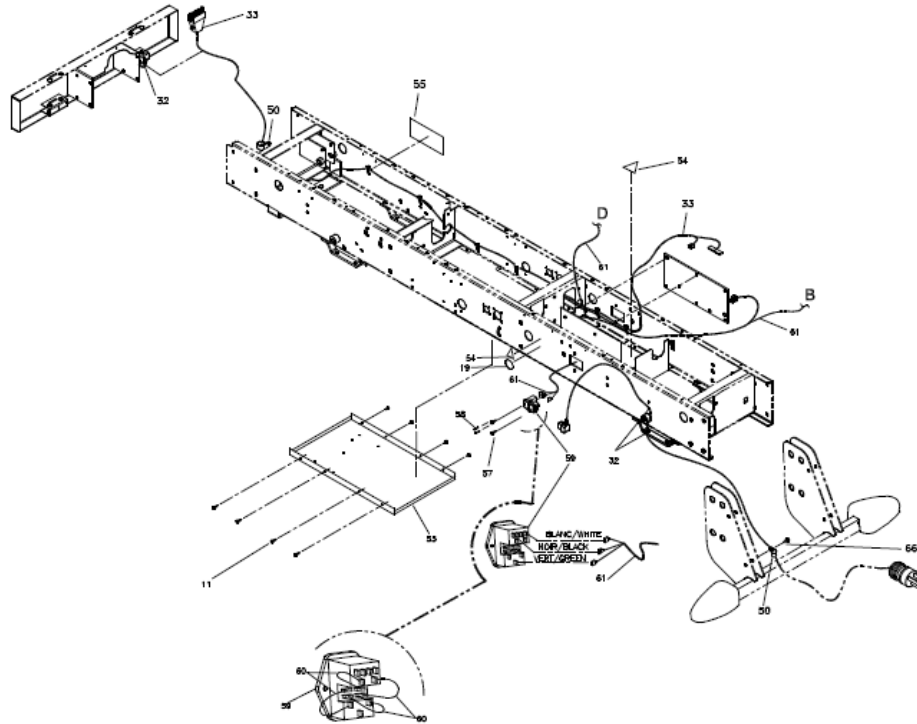
Item	Recycling / Material Code	Important Information	Qty
38	Bed Movement Control Board (601) (QDF20-0180)		1

Appendix A: Recycling Passport

Recycling Passport



Assembly Part Number: OL140123



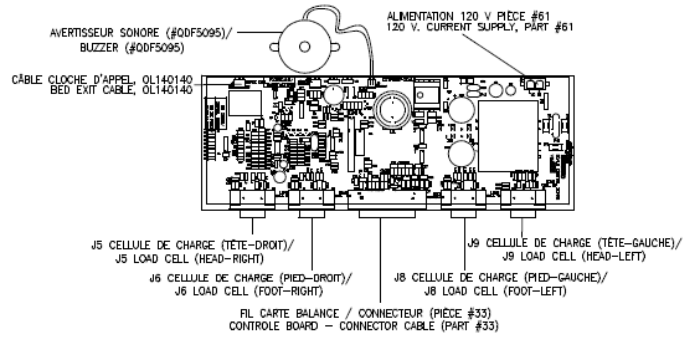
Item	Recycling / Material Code	Important Information	Qty
61	120V Power Cord (QDF14-1320)		1

Appendix A: Recycling Passport

Recycling Passport



Assembly Part Number: OL140124



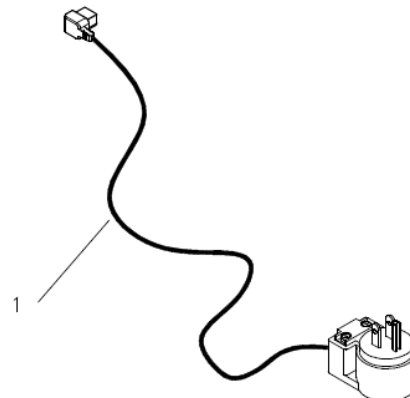
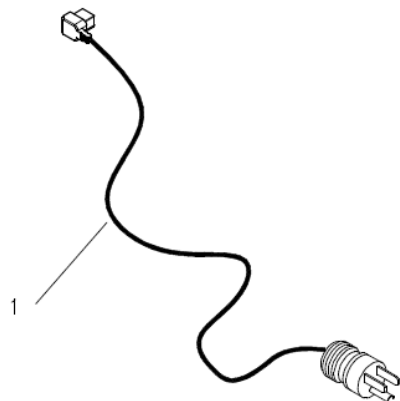
Item	Recycling / Material Code	Important Information	Qty
38	Bed Movement Control Board (601) (QDF20-0180)		1

Appendix A: Recycling Passport

Recycling Passport



Assembly Part Number: OL140127 & OL140128



Item	<i>Recycling / Material Code</i>	<i>Important Information</i>	Qty
1 (Right)	Hospital Grade N A Straight Molded Plug with 120V Power Cord (QDF8066-5M)		1
1 (Left)	90° North American Hospital Grade Plug with 120V Power Cord (QDF8066-90-5)		1



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