# **stryker**<sup>®</sup> Medical

# Head/Neck Surgery Series

## 1069 Head/Neck Surgery Stretcher

**Operations Manual** 

For Parts or Technical Assistance 800–327–0770

#### INTRODUCTION

This manual is designed to assist you with the operation of the 1069 Head/Neck Surgery Bed. Read it thoroughly before using the equipment or beginning any maintenance on it.

#### **SPECIFICATIONS**

| Maximum Weight Capacity             | 500 pounds   |
|-------------------------------------|--------------|
| Overall Bed Length/Width            | 88"/31.5"    |
| Minimum/Maximum Bed Height          | 22.5"/36"    |
| Fowler Angle                        | 0 to 90°     |
| Knee Gatch Angle                    | 0 to 35°     |
| Trendelenburg/Reverse Trendelenburg | -18° to +18° |

Stryker reserves the right to change specifications without notice.

#### WARNING / CAUTION / NOTE DEFINITION

The words WARNING, CAUTION and NOTE carry special meanings and should be carefully reviewed.

#### WARNING

The personal safety of the patient or user may be involved. Disregarding this information could result in injury to the patient or user.

#### CAUTION

These instructions point out special procedures or precautions that must be followed to avoid damaging the equipment.

#### NOTE

This provides special information to make maintenance easier or important instructions clearer.

Before operating this stretcher, it is important to read and understand all information in this manual. Carefully read and strictly follow the warnings listed on this page.

#### WARNING

Patients should be discouraged from sitting directly on the ends of the stretcher. Excessive weight will cause the litter surface to tip up, possibly causing patient injury.

Always apply the caster brakes when a patient is getting on or off the stretcher. Push on the stretcher to ensure the brakes are securely locked. Always engage the brakes unless the stretcher is being moved. Injury could result if the stretcher moves while a patient is getting on or off the stretcher. If brakes do not hold properly, refer to your stretcher maintenance manual for a brake adjustment procedure.

Be sure to move any equipment that may be in the way before raising or lowering the litter height.

Be sure the siderail latching mechanism is working properly at all times. If it is not, refer to your stretcher maintenance manual for "Siderail Latch Adjustment".

When lowering the siderail to the collapsed position, keep extremities of patients and staff away from the siderail spindles or injury could occur.

To avoid injury or damage to the equipment, do not allow the siderail to lower on its own.

When using the SAFR Board to transfer a patient, **always** lock the brakes on all stretchers, beds, etc. being used and **always** be certain the transfer board is placed securely on the surface of the mating stretcher or bed. The patient stretcher and the mating surface must be at the same height before the patient is transferred.

When the SAFR Board is being used to transfer a patient, the support post must be in the stored (down) position. Damage to the support post will occur if it is pushed up against a stretcher, table, etc.

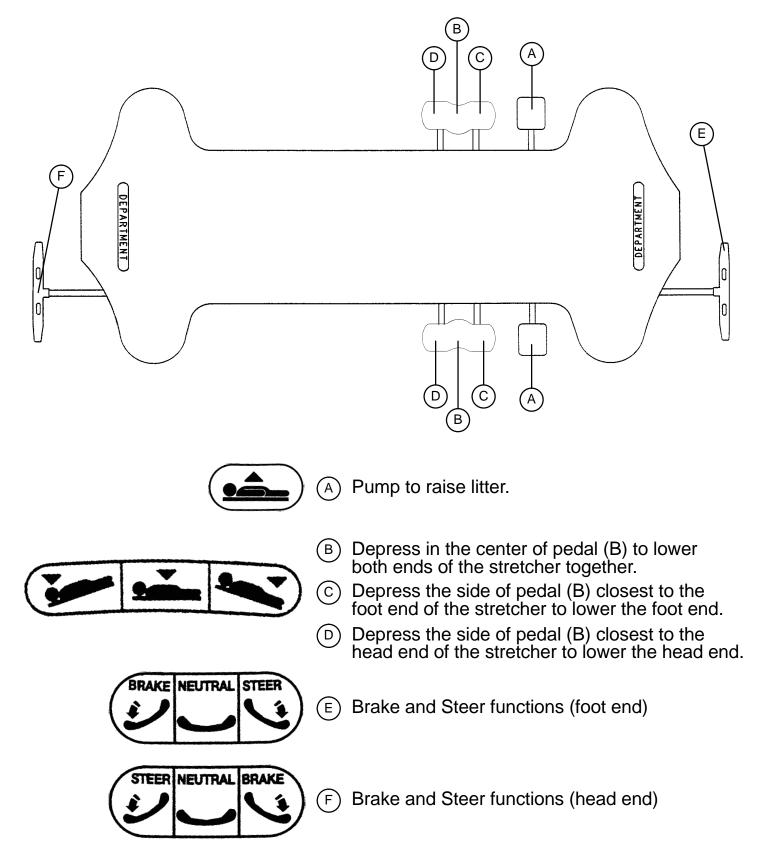
The weight of the patient's head is resting on the head piece and must be supported by the operator when the latches are released and the head piece is being positioned. Failure to adequately support the head piece while positioning the head could result in patient injury.

The weight of the I.V. bags should not exceed 40 pounds.

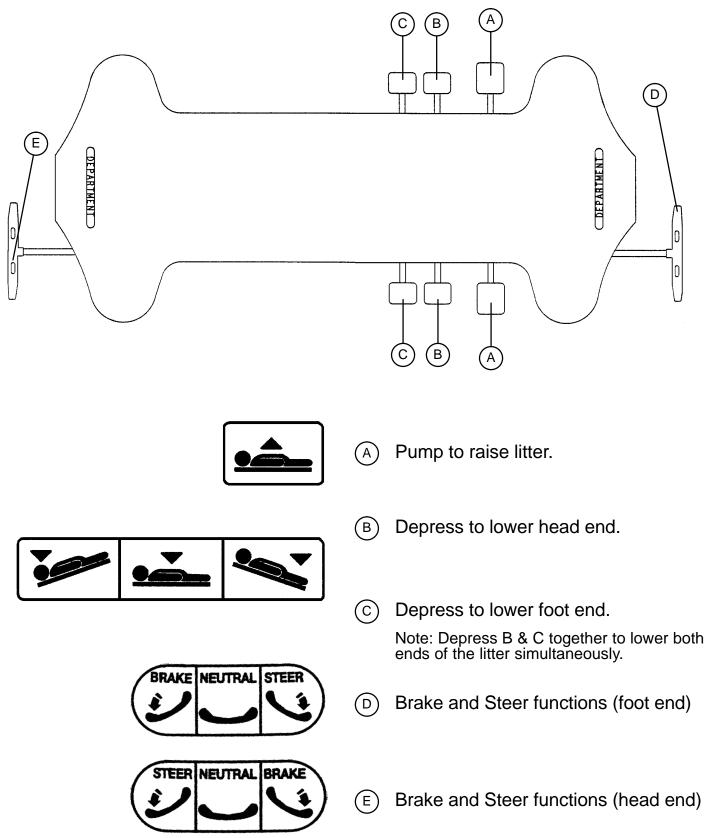
#### CAUTION

The dual articulating headpiece is designed to provide precision surgical positioning. Be sure to treat it with care. The unit should be routinely checked to ensure optimal performance. In the event of any impact or overload of the headpiece, be sure the unit is working properly and supports the intended load. Verify the adjustment gears lock and release properly and, if necessary, refer to the adjustment procedure in the maintenance manual.

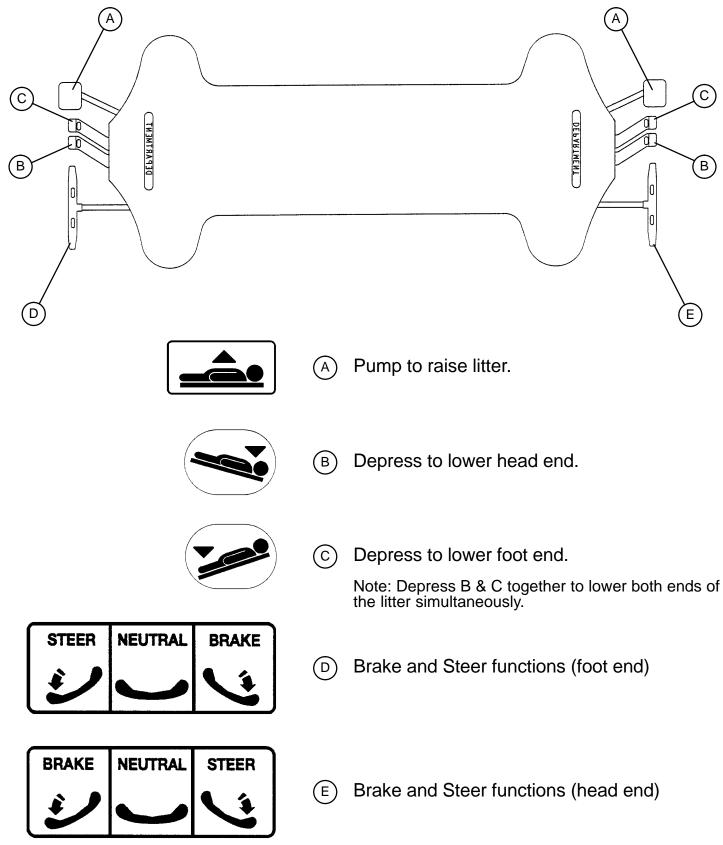
**OPERATING BASE CONTROLS – SIDE CONTROL WITH UNI–LOWER PEDAL** 



**OPERATING BASE CONTROLS – SIDE CONTROL WITH DUAL LOWERING PEDALS** 



#### **OPERATING BASE CONTROLS – END CONTROL**



#### **RAISING AND LOWERING LITTER HEIGHT – SIDE CONTROL/UNI–LOWER PEDAL**

#### CAUTION

Be sure to move any equipment that may be in the way before raising or lowering the litter height.

To **raise** the litter height, pump pedal (A) repeatedly until the desired height is achieved (see illustration on page 4).

To **lower** both ends of the litter together, depress the center of pedal (B). To lower only the head end of the litter, depress the side of pedal (B) closest to the head end. To lower only the foot end of the litter, depress the side of pedal (B) closest to the foot end. The base may be equipped with optional variable descent controls. With variable descent controls, the farther you press down on the pedal, the faster the litter will lower.

#### RAISING AND LOWERING LITTER HEIGHT – SIDE CONTROL/DUAL LOWERING PEDALS

#### CAUTION

Be sure to move any equipment that may be in the way before raising or lowering the litter height.

To **raise** the litter height, pump pedal (A) repeatedly until the desired height is achieved (see illustration on page 5).

To **lower** both ends of the litter simultaneously, depress pedal (B) and (C) together using the same foot.. To lower only the head end of the litter, depress pedal (B). To lower only the foot end of the stretcher, depress pedal (C) (see illustration on page 5). The base may be equipped with optional variable descent controls. With variable descent controls, the farther you press down on the pedal, the faster the litter will lower.

#### **RAISING AND LOWERING LITTER HEIGHT – END CONTROL**

To **raise** the litter height, pump pedal (A) repeatedly until the desired height is achieved (see illustration on page 6).

To **lower** both ends of the litter simultaneously, depress pedal (B) and (C) together using the same foot.. To lower only the head end of the litter, depress pedal (B). To lower only the foot end of the stretcher, depress pedal (C) (see illustration on page 6).

#### TRENDELENBURG/REVERSE TRENDELENBURG – SIDE CONTROL/UNI–LOWER PEDAL

#### NOTE

Litter height must be raised first in order to achieve a trend. or reverse trend. position.

#### CAUTION

Be sure to remove any equipment that may be in the way before lowering stretcher.

For **Trendelenburg** positioning (head down), depress the side of pedal (B) closest to the head end of the stretcher (see illustration, page 4).

For **Reverse Trendelenburg** positioning (foot down), depress the side of pedal (B) closest to the foot end.

#### NOTE

The higher the litter is before pedal (B) is activated, the greater the trend. or reverse trend. angle will be. (Maximum trend. angle is  $+18^{\circ}$ . Maximum reverse trend. angle is  $-18^{\circ}$ ).

## TRENDELENBURG/REVERSE TRENDELENBURG – SIDE CONTROL/DUAL LOWERING PEDALS

#### NOTE

Litter height must be raised first in order to achieve a trend. or reverse trend. position.

#### CAUTION

Be sure to remove any equipment that may be in the way before lowering stretcher.

For **Trendelenburg** positioning (head down), depress pedal (B) (see illustration, page 5).

For Reverse Trendelenburg positioning (foot down), depress pedal (C) (see illustration on page 5).

#### TRENDELENBURG/REVERSE TRENDELENBURG – END CONTROL

#### NOTE

Litter height must be raised first in order to achieve a trend. or reverse trend. position.

#### CAUTION

Be sure to remove any equipment that may be in the way before lowering stretcher.

For Trendelenburg positioning (head down), depress pedal (B) (see illustration, page 6).

For **Reverse Trendelenburg** positioning (foot down), depress pedal (C) (see illustration on page 6).

#### APPLYING THE BRAKE SYSTEM

#### NOTE

For user convenience, the brake/steer pedal is located on both ends of the stretcher.

#### WARNING

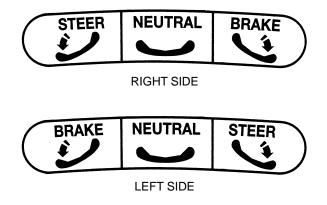
Always apply the caster brakes when a patient is getting on or off the stretcher. Push on the stretcher to ensure the brakes are securely locked. Always engage the brakes unless the stretcher is being moved. Injury could result if the stretcher moves while a patient is getting on or off the stretcher. If brakes do not hold properly, refer to your stretcher maintenance manual for a brake adjustment procedure.

To engage the brakes on the head end, push fully down on on the left side of pedal (E) (see page 5).

To engage the brakes on the foot end, push fully down on the right side of pedal (D) (see page 5).

#### NOTE

Your stretcher may be equipped with optional side control brake and steer functions in addition to the standard head and foot end controls. The side control brakes operate the same as the head and foot end versions. They are indicated by a label on each side of the stretcher base.



OPTIONAL SIDE CONTROL BRAKE/STEER

#### **OPERATING DIRECTIONAL STEERING CASTER/5TH WHEEL OPTIONS**

The purpose of the steer wheel and 5th wheel options is to help guide the stretcher when transporting a patient along a straight line and also for pivoting at corners.

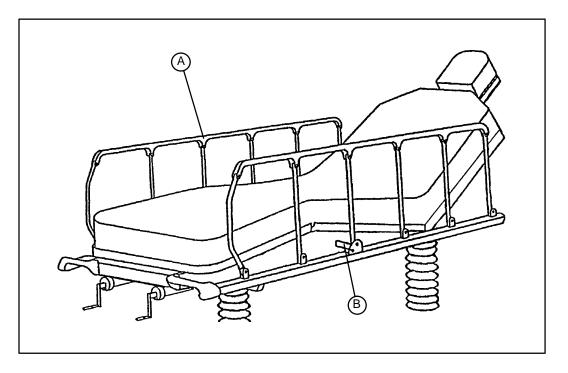
To engage the steer wheel/5th wheel, push the proper side of the brake/steer pedal to the full down position.

#### NOTE

Stretchers cannot be equipped with both steering caster and fifth wheel options. The choice was made at the time the stretcher was purchased.

The steer wheel is located at the foot end of the stretcher on the patient's left. The 5th wheel is located underneath the center of the base assembly.

#### **USING SIDERAILS**



#### CAUTION

Be sure the siderail latching mechanism (B) is working properly at all times. If it is not, refer to your stretcher maintenance manual for "Siderail Latch Adjustment".

**To engage siderails:** Pull up siderail (A) and raise to full up position so that latch (B) engages. (See illustration).

To disengage siderails: Pull up on latch (B) and guide siderail to the full down position.

#### WARNING

When lowering the siderail to the collapsed position, keep extremities of patients and staff away from the siderail spindles or injury could occur.

To avoid injury or damage to the equipment, do not allow the siderail to lower on its own.

#### USING THE SAFR<sup>™</sup> PATIENT TRANSFER BOARD

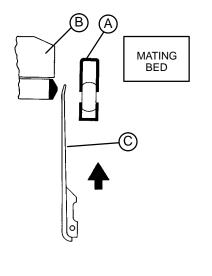
#### WARNING

When using the SAFR<sup>™</sup> Board to transfer a patient, **always** lock the brakes on all stretchers, beds, etc. being used and **always** be certain the transfer board is placed securely on the surface of the mating stretcher or bed. The patient stretcher and the mating surface must be at the same height before the patient is transferred.

#### **Transferring Patients:**

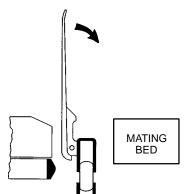
#### Note

The transfer board (C) is located between the siderail (A) and the mattress (B). (See illustration).

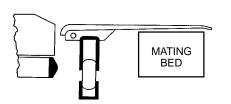


1. Lower siderail (A) to full down position.

2. Raise the transfer board (C) from the bottom while lifting from the top.



3. When the transfer board is fully raised, it can be pivoted downward onto the surface of the mating bed or stretcher.

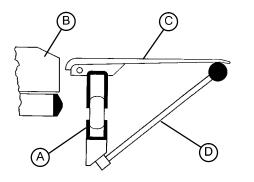


**Important:** Be sure the brakes have been applied on both the stretcher and the mating bed or stretcher before beginning step 4.

4. Using a sheet, draw the patient onto the mating bed or stretcher.

#### USING THE SAFR<sup>™</sup> PATIENT TRANSFER BOARD/ARM BOARD (CONTINUED)

#### Using the SAFR<sup>™</sup> Board as an armboard:



1. Raise the support post (D) to the up position.

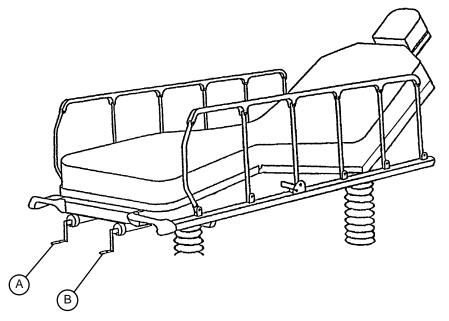
2. Raise the transfer board (C) from the bottom while lifting from the top.

3. When the transfer board is fully raised, it can be pivoted downward onto the support post (D).

#### CAUTION

When the SAFR  $^{\text{\tiny M}}$  Board is being used to transfer a patient, the support post (D) must be in the stored (down) position. Damage to the support post will occur if it is pushed up against a stretcher, table, etc.

#### OPERATING CRANK FOWLER/CRANK KNEE GATCH



The Fowler and Gatch crank handles are stored under the litter and held out of the way with magnets. Pivot the crank out and push in to engage it.

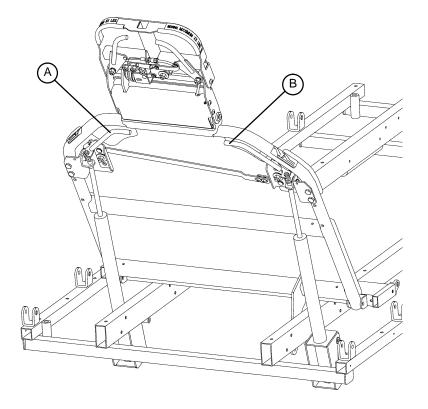
Turn crank handle (A) clockwise to raise the Fowler, counterclockwise to lower the Fowler.

Turn crank handle (B) clockwise to raise the Knee Gatch, counterclockwise to lower the Knee Gatch.

#### NOTE

The stretcher may have a stationary foot end instead of a Knee Gatch.

#### **OPERATING PNEUMATIC FOWLER**



• Squeeze handles (A & B) for pneumatic assistance in lifting the Fowler to the desired height. Remove hand(s) from the handles when the desired height is achieved.

#### WARNING

Operation of the pneumatic Fowler is a manual procedure. Use caution when raising the Fowler while a patient is on the stretcher. Use proper lifting techniques and get additional assistance, if necessary. Failure to use proper lifting techniques could cause injury to the operator.

• To lower the Fowler, squeeze handles (A & B) and push down on the Fowler until it has reached the desired height. Remove your hand(s) from the handle when the desired height is achieved.

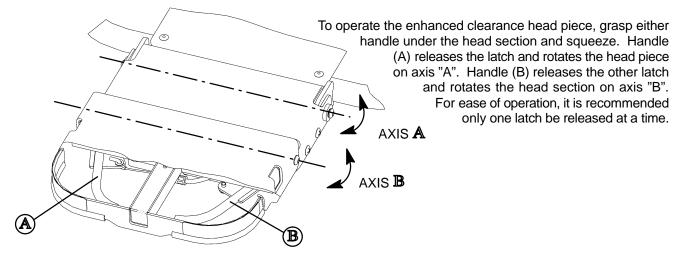
#### WARNING

Keep hands/fingers clear of the area around the Fowler release handle and the Fowler frame when lowering the Fowler. Injury could result if care is not taken when lowering the Fowler.

#### CAUTION

If the pneumatic system appears to be difficult to operate, refer to your maintenance manual for a pneumatic Fowler adjustment procedure.

#### **OPERATING OPTIONAL ENHANCED CLEARANCE HEAD PIECE**



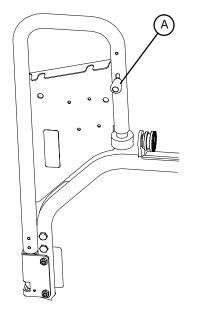
#### WARNING

The weight of the patient's head is resting on the head piece and must be supported by the operator when the latches are released and the head piece is being positioned. Failure to adequately support the head piece while positioning the head could result in patient injury.

#### CAUTION

The dual articulating headpiece is designed to provide precision surgical positioning. Be sure to treat it with care. The unit should be routinely checked to ensure optimal performance. In the event of any impact or overload of the headpiece, be sure the unit is working properly and supports the intended load. Verify the adjustment gears lock and release properly and, if necessary, refer to the adjustment procedure in the maintenance manual.

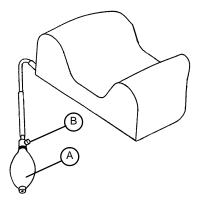
#### USING OPTIONAL PRE-OP/POST-OP HEAD EXTENSIONS



The Pre–Op/Post–Op Head Extensions are designed to provide additional litter surface and to protect the patient's head during transport. The head extensions can be used as push handles when the stretcher is being moved.

To add the extensions to the litter, slide the extension tube into the receptacle tube on the side of the Fowler frame. Pivot the extension upward until it locks into place on the head piece frame. To release the extension, pull the red knob (A) under the extension toward you, rotate the extension downward and pull it straight out of the socket.

#### USING OPTIONAL INFLATABLE HEAD SUPPORT CUSHION



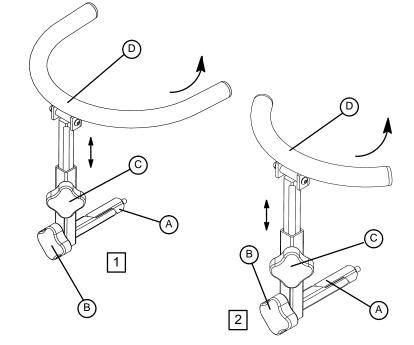
The optional inflatable head support cushion has two internal air bladders. Squeeze the bulb (A) to inflate the bladders and provide more stability for the patient's head. Press the release valve (B) to deflate the bladders.

#### **USING OPTIONAL WRIST RESTS**

There are two optional wrist rests available for the 1069; standard 1 and temporal [2].

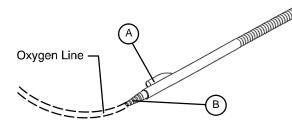
To use the wrist rest, insert the support tube (A) into the socket in the Fowler head piece assembly. Turn knob (B) clockwise to secure the wrist rest assembly.

To adjust the height of the wrist rest, turn knob (C) counterclockwise to loosen it. Raise or lower the wrist rest to the desired height, and turn the knob clockwise to tighten it and hold the wrist rest in place. The "U" shaped rest (D) can be pivoted up and away from the patient when the wrist rest is not in use.

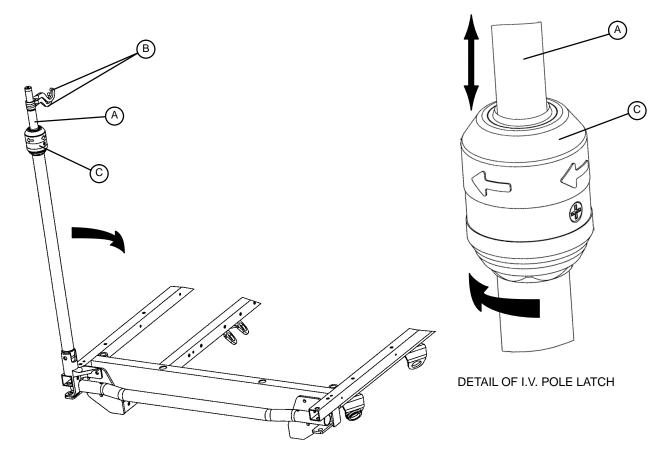


#### **USING OPTIONAL DRAPE SUPPORT/OXYGEN TUBING**

The optional drape support/oxygen tubing provides an integrated drape support and patient air delivery system. The oxygen tubing is inside the flexible support tube. Place the mounting tab (A) in the I.V. receptacle at the head end of the stretcher and insert the oxygen delivery line into the oxygen tube receptacle (B). The assembly can be adjusted for maximum patient comfort.



#### **OPERATING OPTIONAL 2–STAGE PERMANENTLY ATTACHED I.V. POLE**



#### NOTE

The 2–stage permanently attached I.V. pole is an option and may have been installed at either the head, foot or both ends of the stretcher. The choice was made at the time the stretcher was purchased.

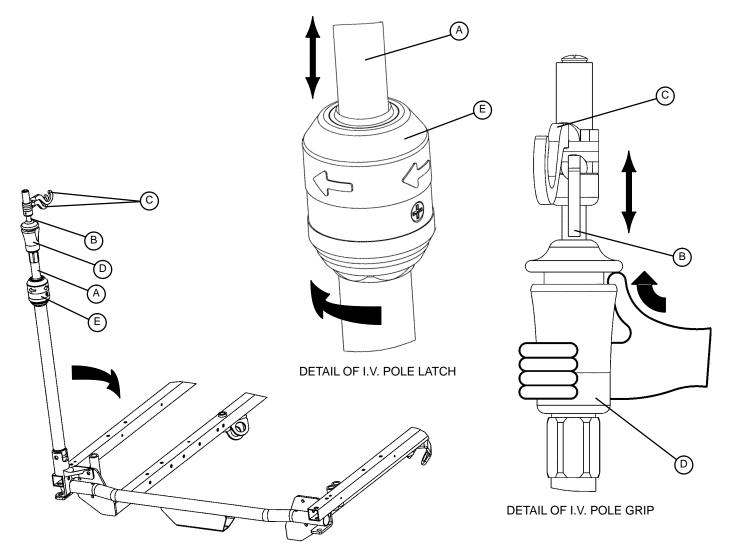
#### To use the 2-stage permanently attached I.V. pole:

- 1. Lift and pivot the pole from the storage position and push down until it is locked into the receptacle.
- 2. To raise the height of the pole, pull up on the telescoping portion (A) until it locks into place at its fully raised position.
- 3. Rotate the I.V. hangers (B) to desired position and hang the I.V. bags.
- 4. To lower the I.V. pole, turn the latch (C) clockwise until section (A) lowers.

#### CAUTION

The weight of the I.V. bags should not exceed 40 pounds.

#### **OPERATING OPTIONAL 3-STAGE PERMANENTLY ATTACHED I.V. POLE**



#### NOTE

The 3–stage permanently attached I.V. pole is an option and may have been installed at either the head, foot or both ends of the stretcher. The choice was made at the time the stretcher was purchased.

#### To use the 3-stage permanently attached I.V. pole:

- 1. Lift and pivot the pole from the storage position and push down until it is locked into the receptacle.
- 2. To raise the height of the pole, pull up on the telescoping portion (A) until it locks into place at its fully raised position.
- 3. For a higher I.V. pole, pull up on section (B). Release section (B) at <u>any</u> desired height and it will lock into place.
- 4. Rotate the I.V. hangers (C) to the desired position and hang the I.V. bags.
- 5. To lower the I.V. pole, push up on the red portion of grip (D) while holding onto section (B) until it lowers. Turn latch (E) clockwise until section (A) lowers.

#### CAUTION

The weight of the I.V. bags should not exceed 40 pounds.

#### CHECKLIST

- All fasteners secure
- ——— Siderails move and latch properly
- Engage brake pedal and push on the stretcher to ensure all casters lock securely
- \_\_\_\_\_ Steer function working properly
- All casters secure and swiveling properly
- Body restraints working properly
- I.V. pole intact and operating properly
- Oxygen bottle holder intact and operating properly
- \_\_\_\_\_ Fowler operating properly
- Optional articulating head piece locking and releasing properly check more frequently if the head piece is bumped on a door, wall or other obstacle while the stretcher is being moved
- Knee Gatch operating properly
- \_\_\_\_\_ Trendelenburg/Reverse Trendelenburg operating properly
- No rips or cracks in mattress cover
- Arm boards intact and operating properly
- Arm board support levers intact and operating properly
- \_\_\_\_\_ Ground chain intact
- No leaks at hydraulic connections
- \_\_\_\_\_ Hydraulic jacks holding properly
- \_\_\_\_\_ Hydraulic drop rate set properly
- \_\_\_\_\_ Hydraulic oil level sufficient
- Lubricate where required, including the brake adjuster assembly and brake cam, and the pin and block ("U" joint) on the Fowler assembly

| Serial No     |           |  |
|---------------|-----------|--|
|               |           |  |
|               |           |  |
|               |           |  |
|               |           |  |
| Completed By: | <br>Date: |  |

#### NOTE

Preventative maintenance should be performed at a minimum of annually. A preventative maintenance program should be established for all Stryker Medical equipment. Preventative maintenance may need to be performed more frequently based on the usage level of the product. Hand wash all surfaces of the stretcher with warm water and mild detergent. Dry thoroughly. DO NOT STEAM CLEAN, PRESSURE WASH, HOSE OFF OR ULTRASONICALLY CLEAN. Using these methods of cleaning is **not** recommended and may void this product's warranty.

Clean Velcro **AFTER EACH USE**. Saturate Velcro with disinfectant and allow disinfectant to evaporate. (Appropriate disinfectant for nylon Velcro should be determined by the hospital.)

In general, when used in those concentrations recommended by the manufacturer, either phenolic type or quaternary type disinfectants can be used. Iodophor type disinfectants are not recommended for use because staining may result. The following products have been tested and have been found not to have a harmful effect WHEN USED IN ACCORDANCE WITH MANUFACTURERS RECOMMENDED DILUTION.\*

| TRADE NAME                      | DISINFECTANT<br>TYPE | MANUFACTURER                             | *MANUFACTURER'S<br>RECOMMENDED<br>DILUTION |
|---------------------------------|----------------------|--|--|
| A33                             | Quaternary           | Airwick (Professional Products Division) | 2 ounces/gallon                            |
| A33 (dry)                       | Quaternary           | Airwick (Professional Products Division) | 1/2 ounce/gallon                           |
| Beaucoup                        | Phenolic             | Huntington Laboratories                  | 1 ounce/gallon                             |
| Blue Chip                       | Quaternary           | S.C. Johnson                             | 2 ounces/gallon                            |
| Elimstaph                       | Quaternary           | Walter G. Legge                          | 1 ounce/gallon                             |
| Franklin<br>Phenomysan<br>F2500 | Phenolic             | Purex Corporation                        | 1 1/4 ounce/gallon                         |
| Franklin Sentinel               | Quaternary           | Purex Corporation                        | 2 ounces/gallon                            |
| Galahad                         | Phenolic             | Puritan Churchill Chemical Company       | 1 ounce/gallon                             |
| Hi–Tor                          | Quaternary           | Huntington Laboratories                  | 1/2 ounce/gallon                           |
| LPH                             | Phenolic             | Vestal Laboratories                      | 1/2 ounce/gallon                           |
| Matar                           | Phenolic             | Huntington Laboratories                  | 1/2 ounce/gallon                           |
| Omega                           | Quaternary           | Airwick (Professional Products Division) | 1/2 ounce/gallon                           |
| Quanto                          | Quaternary           | Huntington Laboratories                  | 1 ounce/gallon                             |
| Sanikleen                       | Quaternary           | West Chemical Products                   | 2 ounces/ gallon                           |
| Sanimaster II                   | Quaternary           | Service Master                           | 1 ounce/gallon                             |
| Vesphene                        | Phenolic             | Vestal Laboratories                      | 1 1/4 ounce/ gallon                        |

Quaternary Germicidal Disinfectants, used as directed, and/or Chlorine Bleach products, typically 5.25% Sodium Hypochlorite in **dilutions ranging between 1 part bleach to 100 parts water, and 2 parts bleach to 100 parts water are not considered mild detergents. These products are corrosive in nature and may cause damage to your stretcher if used improperly.** If these types of products are used to clean Stryker patient handling equipment, measures must be taken to insure the stretchers are rinsed with clean water and thoroughly dried following cleaning. Failure to properly rinse and dry the stretchers will leave a corrosive residue on the surface of the stretcher, possibly causing premature corrosion of critical components.

#### NOTE

Failure to follow the above directions when using these types of cleaners may void this product's warranty.

#### **REMOVAL OF IODINE COMPOUNDS**

This solution may be used to remove iodine stains from mattress cover and foam footrest pad surfaces.

- 1. Use a solution of 1–2 tablespoons Sodium Thiosulfate in a pint of warm water to clean the stained area. Clean as soon as possible after staining occurs. If stains are not immediately removed, allow solution to soak or stand on the surface.
- 2. Rinse surfaces which have been exposed to the solution in clear water before returning bed to service.

#### **Limited Warranty:**

Stryker Medical Division, a division of Stryker Corporation, warrants to the original purchaser that its products should be free from defects in material and workmanship for a period of one (1) year after date of delivery. Stryker's obligation under this warranty is expressly limited to supplying replacement parts and labor for, or replacing, at its option, any product which is, in the sole discretion of Stryker, found to be defective. Stryker warrants to the original purchaser that the frame and welds on its beds will be free from structural defects for as long as the original purchaser owns the bed. If requested by Stryker, products or parts for which a warranty claim is made shall be returned prepaid to Stryker's factory. Any improper use or any alteration or repair by others in such manner as in Stryker's judgement affects the product materially and adversely shall void this warranty. No employee or representative of Stryker is authorized to change this warranty in any way.

Stryker Medical stretchers are designed for a 10 year expected life under normal use conditions and appropriate periodic maintenance as described in the maintenance manual for each device.

This statement constitutes Stryker's entire warranty with respect to the aforesaid equipment. STRYKER MAKES NO OTHER WARRANTY OR REPRESENTATION, EITHER EXPRESSED OR IMPLIED, EXCEPT AS SET FORTH HEREIN. THERE IS NO WARRANTY OF MERCHANTABILITY AND THERE ARE NO WARRANTIES OF FITNESS FOR ANY PARTICULAR PURPOSE. IN NO EVENT SHALL STRYKER BE LIABLE HEREUNDER FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM OR IN ANY MANNER RELATED TO SALES OR USE OF ANY SUCH EQUIPMENT.

#### To Obtain Parts and Service:

Stryker products are supported by a nationwide network of dedicated Stryker Field Service Representatives. These representatives are factory trained, available locally, and carry a substantial spare parts inventory to minimize repair time. Simply call your local representative, or call Stryker Customer Service at (800) 327–0770.

#### Service Contract Coverage:

Stryker has developed a comprehensive program of service contract options designed to keep your equipment operating at peak performance at the same time it eliminates unexpected costs. We recommend that these programs be activated *before* the expiration of the new product warranty to eliminate the potential of additional equipment upgrade charges.

#### A SERVICE CONTRACT HELPS TO:

- Ensure equipment reliability
- Stabilize maintenance budgets
- Diminish downtime
- Establish documentation for JCAHO
- Increase product life
- Enhance trade-in value
- Address risk management and safety

#### Stryker offers the following service contract programs:

| SPECIFICATIONS   | GOLD | SILVER | PM* ONLY |
|--|------|--------|----------|
| Annually scheduled preventative maintenance                              | Х    |        | Х        |
| All parts,** labor, and travel   | Х    | Х      |          |
| Unlimited emergency service calls  | Х    | Х      |          |
| Priority one contact; two hour phone response                            | Х    | Х      | Х        |
| Most repairs will be completed within 3 business days                    | Х    | Х      |          |
| JCAHO documentation  | Х    | Х      | Х        |
| On-site log book w/ preventative maintenance & emergency service records | Х    |        |          |
| Factory-trained Stryker Service Technicians                              | Х    | Х      | Х        |
| Stryker authorized parts   | Х    | Х      | Х        |
| End of year summary  | Х    |        |          |
| Stryker will perform all service during regular business hours (9-5)     | Х    | Х      | Х        |

\* Replacement parts and labor for products under PM contract will be discounted.

\*\* Does not include any disposable items, I.V. poles (except for Stryker HD permanent poles), mattresses, or damage resulting from abuse.

#### Stryker Medical also offers *personalized* service contracts.

#### Pricing is determined by age, location, model and condition of product.

### For more information on our service contracts, please call your local representative or call (800) 327–0770 (option #2).

#### **Return Authorization:**

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

SPECIAL, MODIFIED, OR DISCONTINUED ITEMS NOT SUBJECT TO RETURN.

#### Damaged Merchandise:

ICC Regulations require that 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. Claim 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) day period following the delivery of the merchandise, or the damage was not noted on the delivery receipt 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 thirty (30) days of invoice.

#### International Warranty Clause:

This warranty reflects U.S. domestic policy. Warranty outside the U.S. may vary by country. Please contact your local Stryker Medical representative for additional information.



#### **European Representative**

Stryker France BP 50040–95946 Roissy Ch. de Gaulle Cedex–France



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