MedSurg Bed

Model FL23SE
(Electric)

stryker®

Operations Manual

For Parts or Technical Assistance:
USA: 1-800-327-0770 (option 2)
Canada: 1-888-233-6888

CE

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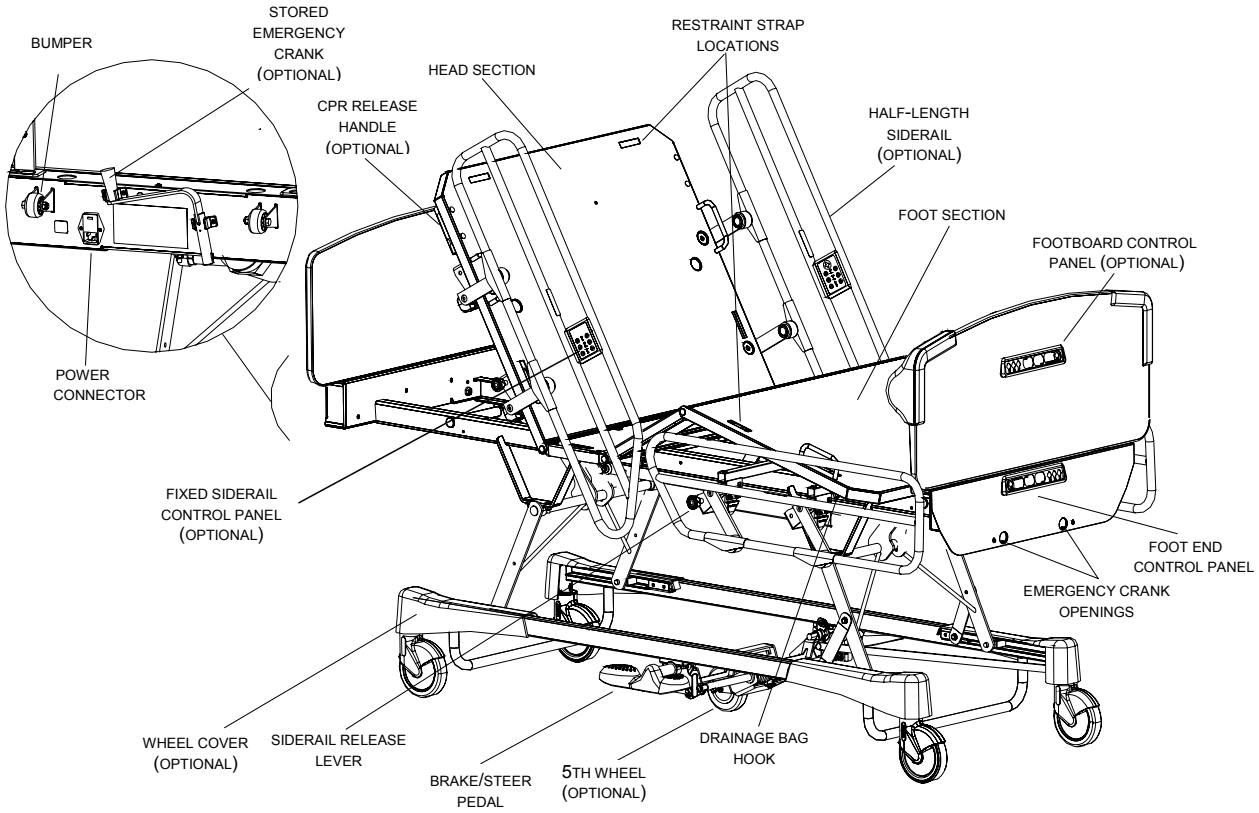
INTENDED USE

This manual is designed to assist you with the operation of Stryker Model FL23SE Electrical MedSurg Bed. Carefully read this manual thoroughly before using the equipment. To ensure safe operation of this equipment, it is recommended that methods and procedures be established for educating and training staff on the safe operation of this bed.

PRODUCT ILLUSTRATION



SPECIFICATIONS

	Safe Working Load **Note:** Safe Working Load indicates the sum of the patient, mattress and accessory weight.		500 lbs	227 kg
Overall Length/Width	Half-Length Siderails Raised		90.4” x 41.3”	229,6 x 104,9 cm
	Full-Length Siderails Raised		90.4” x 39.9”	229,6 x 101,3 cm
Weight with Head/Foot Boards			390 lbs	177 kg
Patient Sleep Surface			35” x 78”	88,9 x 198,1 cm
Recommended Mattress Size	Length/Width		35” x 78” or 80”	88,9 x 198,1 or 203,2 cm
Maximum Thickness	BNQ Standard	Bed with diameter 5” (12,7 cm) casters	6”	15,2 cm
		Bed with diameter 6”(15,2 cm) casters	5”	12,7 cm
	Non-BNQ Standard		5”	12,7 cm
Minimum/ Maximum Bed Height	With diameter 5” (12,7 cm) casters		11.75” to 29”	29,8 to 73,7 cm
	With diameter 6” (15,2 cm) casters		12.75” to 30”	32,4 to 76,2 cm
Fowler Angle			0˚ to 62˚	
Knee Gatch Angle	With Auto Contour		0˚ to 25˚	
	Without Auto Contour		0˚ to 32˚	
Trendelenburg/Reverse Trendelenburg			+17˚ to -17˚	
Environmental Conditions	Transport and Storage • Ambient Temperature • Relative Humidity • Atmospheric Pressure		 -40˚ to 158˚F 10 to 100% 500 to 1060 hPa	-40˚ to 70˚C
	Operating • Ambient Temperature • Relative Humidity • Atmospheric Pressure		 50˚ to 104˚F 5 to 95% **without condensation** 700 to 1060 hPa	10˚ to 40˚C
Electrical Requirement	Complies with the following standards: CSA C22.2 No. 601.1, UL 60601-1, IEC 60601-1, 60601-2-38 and BNQ 6641-120 : 2003.		100V~, 50-60Hz, 7.5A - Two 250V, 10A Fast Acting Fuses 120V~, 50-60Hz, 4A (9.8A with 120V Optional Auxiliary Outlet) - Two 250V, 10A Fast Acting Fuses 200V~, 50-60Hz, 3.2A - Two 250V, 6.3A Slow Blow Fuses 220V~, 50-60Hz, 2.9A - Two 250V, 6.3A Slow Blow Fuses 240V~, 50-60Hz, 2.7A - Two 250V, 6.3A Slow Blow Fuses	

Stryker reserves the right to change specifications without notice.
Specifications listed are approximate and may vary slightly from unit to unit or by power supply fluctuations.
*This device has a 10% duty cycle.

Note

Safe Working Load for the BNQ beds is of 390 lbs (177 kg).

WARNING / CAUTION / NOTE DEFINITION

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

⚠ WARNING

Alerts the reader about a situation, which if not avoided, could result in death or serious injury. It may also describe potential serious adverse reactions and safety hazards.

⚠ CAUTION

Alerts the reader of a potentially hazardous situation, which if not avoided, may result in minor or moderate injury to the user or patient or damage to the equipment or other property. This includes special care necessary for the safe and effective use of the device and the care necessary to avoid damage to a device that may occur as a result of use or misuse.

Note

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

Symbols

Warning, consult accompanying documentation

~ 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**.

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

Fuse rating for beds with 100V~ and 120V~ electric systems.

Fuse rating for beds with 200V~, 220V~ and 240V~ electric systems.

In accordance with **European Directive 2002/96/EC** on Waste Electrical and Electronic Equipment **(WEEE)**, 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.

Summary of 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 35” (88,9 cm) or less.
- The mattress thickness should never exceed 6” (15,24 cm).
- Do not use an accessory that slides under the bed frame when the bed is in low position or remove it before lowering the bed. Failure to conform to this safety precaution could result in serious patient injury and equipment damage.
- This bed is equipped with a hospital grade plug for protection against shock hazard. It must be plugged directly into a properly grounded power source. Grounding reliability can be achieved only when a hospital grade power source is used.
- Shock Hazard - Improper handling of the power cord may result in damage to the power cord and potential shock hazards. If damage has occurred to the power cord, immediately remove the bed from service, and contact the appropriate maintenance personnel. Failure to conform to this safety precaution could result in death or serious injury.
- Serious injury can result if caution is not used when operating the bed. Operate the bed only when all people and equipment are clear of the electrical and mechanical systems.
- Always apply the brakes when a patient is on the bed or entering/exiting the bed. Serious injury could result if the bed moves while a patient is getting on or off the bed. After the brake pedal is engaged, push on the bed to ensure the brakes are securely applied.
- When the patient is unattended and unless the patient’s medical condition dictates otherwise, keep the sleep surface horizontal in its lowest position and the siderails fully raised, except for beds equipped with half-length siderails, in which case, the foot siderails should be left down to allow the patient to exit the bed.
- When raising the siderails, be sure that you hear the “click” that signals the locked condition. Pull firmly on the siderail to ensure it is locked into position.
- When the sleep surface sections are articulated, ensure that all patient’s extremities are within the raised siderails to avoid patient injury.
- When a patient’s condition requires greater safety measures for his/her security, lock the siderail controls using the foot end lockout controls or remove any optional pendant control and install protective pads on the siderails.
- Siderails, with or without their padded covers, are not intended to serve as restraint devices to keep patients 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 use the siderails properly could result in serious patient injury.
- To reduce risk of injury, ensure the sleep surface is horizontal and in the lowest position with the siderails fully raised and locked when moving the bed with a patient in it.
- To avoid injury to the patient and/or user, do not attempt to move the bed laterally with the steer mode engaged.
- The CPR emergency release (optional) is for emergency use only. To avoid serious injury, personal injury or equipment damage, ensure all people and equipment are removed from the area below and around the head, thigh and foot sections of the bed, before activating the CPR release handle.
- Possible fire hazard exists when this bed is used with oxygen administering equipment other than nasal or mask type. It is recommended to unplug the bed power cord from the wall when oxygen administering equipment is used.
- When a large fluid spill occurs, immediately unplug the bed power cord from the wall outlet. Remove the patient from the bed and clean up the fluid. Have maintenance 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.

- Do not **steam clean, hose off or ultrasonically clean the bed. Do not immerse any part of the bed.** The internal electrical parts may be damaged by exposure to water. Hand wash regularly all surfaces of the bed with warm water and a 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, which may allow fluid to enter the mattress, are found in the mattress cover. Failure to properly clean or dispose the mattress if defective may increase the risk of exposure to pathogenic substances and may cause the patient and user to develop diseases.
- Preventative maintenance should be performed at least once a year to ensure all bed features are operating properly. Ensure that any bed malfunction is promptly reported to your service personnel for immediate attention.
- Always unplug the bed power cord from the power source when servicing or cleaning the bed. When working under the bed with the bed in the high position, always place blocks under the mattress support frame and apply the brakes to prevent injury in case the bed down control is accidentally pressed.
- To avoid damage to the siderail mechanisms, do not move the bed using the raised siderails. Use the head or foot board to move the bed.
- 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.
- When servicing, 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.

CHECKLIST

It is important to ensure that the bed is working properly before it is put into service. The following list will help ensure that each part of the bed is checked.

⚠ WARNING

The bed is equipped with a hospital grade plug for protection against shock hazard. It must be plugged directly into a properly grounded power source. Grounding reliability can be achieved only when a hospital grade power source is used.

1. Install the foot and head boards on the bed. If the bed is equipped with the optional foot board control panel, insert the foot board carefully so that the board and the casing connectors fit in smoothly.
2. Plug the power cord to the bed connector at the head end of the bed and into a properly grounded hospital grade power source. Grounding reliability can be achieved only when a hospital grade power source is used.
3. On both sides of the bed, depress fully down on the side of the pedal identified with a red sticker and ensure that the brakes are applied and the bed immobilized. Toggle the pedal to neutral and ensure the brakes are released.
4. On both sides of the bed, depress fully down on the side of the pedal identified with a green sticker and ensure that the steer mode - bed steer caster or optional fifth wheel - is engaged. Toggle the pedal to neutral and ensure that the steer mode disengages.
5. Ensure that the siderails raise, lock in the up position and lower smoothly (see pg. 15).
6. Run through each control of the inner and outer siderail control panels (see pg. 16).
7. Run through each control of the foot end and optional foot board panels. Check the LED's, making sure they go on or off according to the situation (see pg. 17).
8. Raise the bed to full up position and activate the Trendelenburg function (see pg. 17). Ensure the head end lowers to the full down position. Level the bed using the Hi-Lo controls.
9. Raise the bed to full up position and activate the reverse Trendelenburg function (see pg. 17). Ensure the foot end lowers to the full down position. Level the bed using the Hi-Lo controls.
10. Verify the optional CPR emergency release. Raise the Fowler fully up. Using the CPR release handle, lower the Fowler gradually to flat position by pulling, holding and releasing the handle several times. Ensure the Knee Gatch (if raised) also starts flattening when the Fowler is completely down. Following the complete lowering of the Fowler, wait approximately 30 seconds (the time for the Fowler motor to reset itself) and verify that the motor has indeed reset itself completely by raising the Fowler fully up using the Fowler up control.
11. Verify the optional equipment for proper operation (see accompanying accessory documentation or Optional Bed Accessories section).
12. If any problems are found during the bed setup procedure, contact your local Stryker Technical Service department.

POWERING THE BED

The bed is equipped with a power connector located at the head end of the bed where the power cord connects (see “Product Illustration” on pg. 5). The bed functions are activated when the power cord is connected. When the bed power cord is disconnected or in the event of a power failure, the setting of the control lockouts (see pg. 17) is saved.

⚠ WARNING

Shock Hazard - Improper handling of the power cord may result in damage to the power cord and potential shock hazards. If damage has occurred to the power cord, immediately remove the bed from service, and contact the appropriate maintenance personnel. Failure to do so could result in death or serious injury.

BRAKE/STEER PEDAL

The bed is equipped with two lateral pedals. They control the brakes and the fifth steer wheel. The following illustrations, appearing on the label affixed on the optional fifth wheel hood or the frame, identifies the operation of the pedals.

Left Side

Right Side

APPLYING THE BRAKES

The bed is equipped with a central locking system activated by either lateral brake/steer pedals (see pg. 5).

⚠ WARNING

Always apply the brakes when a patient is on the bed or entering/exiting the bed. Serious injury could result if the bed moves while a patient is getting on or off the bed. After the brake pedal is engaged, push on the bed to ensure the brakes are securely applied.

BRAKE PEDAL OPERATION

To **engage** the brakes, fully depress the side of the pedal identified with a red label and represented by the red BRAKE arrow (see pg. 12). To **disengage** the brakes, toggle the pedal to neutral position.

MOVING THE BED

The bed is equipped with a steer mode using a bed steer caster or an optional fifth wheel. The steer mode is activated by either lateral pedals (see pg. 5). The steer mode helps in guiding the bed along a straight line and helps the bed pivot around corners.

⚠ WARNING

- To reduce risk of injury, ensure the sleep surface is horizontal and in the lowest position with the siderails fully raised and locked when moving the bed with a patient in it.
- To avoid injury to the patient and/or user, do not attempt to move the bed laterally with the steer mode engaged.

⚠ CAUTION

To avoid damage to the siderail mechanisms, do not move the bed using the raised siderails. Use the head or foot board to move the bed.

STEER MODE OPERATION

To **engage** the steer mode, fully depress the side of the pedal identified with a green label and represented by the STEER green arrow (see pg. 12). To **disengage** the steer mode, toggle the pedal to neutral position.

FOLEY BAG HOOK

The four Foley bag hooks (see pg. 5) are located on both sides of the bed under the edges of the mattress support foot sections.

PATIENT RESTRAINT STRAP LOCATIONS

The bed has 12 locations on the mattress support for installing 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 (see pg. 5).

⚠ WARNING

Improperly adjusted restraint straps can cause serious injury to a patient. It is the **responsibility of the attending medical personnel** to determine proper use of restraint straps and restraint strap locations. **Stryker is not responsible for the type and/or use of restraint straps on any of Stryker's products.**

NIGHT LIGHT (OPTIONAL) USAGE

The bed may be equipped with an optional photoelectric night light to illuminate the floor area around the bed. The night light turns on as the room lights dim.

CPR EMERGENCY RELEASE (OPTIONAL) USAGE

The CPR emergency release (optional) is for emergency use only. To avoid serious personal injury or equipment damage, ensure all people and equipment are removed from the area below and around the head, thigh and foot sections of the bed before activating the CPR release handle.

When quick access to the patient is needed and the Fowler is raised, pull outward one of the two CPR release handles until the Fowler is completely lowered. The Knee Gatch, if raised, will also flatten. The CPR handles are located under the upper right and left sides of the head section (see pg. 5).

The CPR handle can be released at any time to stop the lowering movement of the Fowler. But doing so will subsequently require that the Fowler be completely lowered, using the CPR handle or the Fowler down control, to enable the Fowler motor to reset itself. **Failing to do so will prevent the Fowler from being fully raised later on.**

Note

The use of the CPR release handle to partially lower the Fowler creates a situation where the Fowler motor is out of sync with the actual position of the Fowler. The situation is corrected only when the Fowler is completely lowered. The Fowler motor then begins an automatic resetting process to harmonize its course with the Fowler flat position. During the time the resetting process is occurring (approximately 30 seconds), the Fowler controls are not available.

LOWERING THE FOWLER DURING A POWER FAILURE

The CPR emergency release can also be used during a power failure to partially or completely lower the Fowler. Simply pull one of the CPR handles until the desired angle is reached and release it then. When current resumes, fully lower the Fowler to enable the Fowler motor to reset itself (see the note above under “CPR Emergency Release (Optional) Usage”).

If the bed is not equipped with the CPR emergency release, unplug the bed power cord from the wall outlet and use the optional emergency handle to lower the Fowler. A pictogram affixed on the head end casing cover illustrates clearly in which direction the handle should be turned to obtain the desired angle.

⚠ WARNING

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.

120V AUXILIARY POWER OUTLET USAGE (OPTIONAL)

Located on the left side at the foot end of the bed, this feature provides nursing staff with a convenient power source for peripheral equipment. A 5A breaker is integrated to the power outlet.

⚠ WARNING

Use only hospital grade electric equipment consuming five (5) amperes or less with the auxiliary power outlet (optional). The use of standard electric equipment may bring the current leakage to a level unacceptable for hospital equipment.

POSITIONING SIDERAILS

The bed may be equipped with two types of siderail: half-length and full-length.

⚠ WARNING

- Siderails, with or without their padded covers, are not intended to serve as restraint devices to keep patients 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 use the siderails properly could result in serious patient injury.
- When the patient is unattended, and unless the patient's medical condition dictates otherwise, keep the sleep surface horizontal in its lowest position and the siderails fully raised, except for beds equipped with half-length siderails, in which case the foot siderails should be left down to allow the patient to egress the bed should he want to.
- When raising the siderails, be sure that you hear the "click" that signals the up and locked condition. Pull firmly on the siderail to ensure it is locked into position.

HALF-LENGTH SIDERAILS

- To **lower** the **head siderail**, grasp the rail in its center and rotate the siderail downward toward the head end of the bed until it is completely lowered.
- To **lower** the **foot siderail**, the same procedure is required as for the head siderail, however, the siderail rotates toward the foot end of the bed.
- To **engage** the **head siderail**, grasp the rail in its center and rotate the rail upward toward the head end of the bed until it locks in the full up position.
- To **engage** the **foot siderail**, the same procedure is required as for the head siderail, however, the siderail rotates to the foot end of the bed.

FULL-LENGTH SIDERAILS

- To **lower** a **full-length siderail**, grasp the siderail in its center, pull the yellow lever and completely lower the siderail while holding it.
- To **raise** a **full-length siderail**, grasp the rail in its center and raise the siderail fully up until it locks in place.

HEAD AND FOOT BOARD USAGE

The head and foot boards may be removed and replaced easily. The removal of the head board enables quick access to the patient's head.

- Board Removal: Grasp both ends of the board and lift up.
- Board Installation: Insert the board posts inside the mounting sockets.
  If the bed is equipped with the optional foot board control panel, slide the foot board slowly in the mounting sockets while ensuring that the board connector properly fits into the foot casing connector.

NURSE CALL (OPTIONAL) USAGE

The optional nurse call function allows the patient to communicate with the nurse station by simply pressing the nurse call button integrated to the inner control panels of the head siderails (see pg. 16).

Note

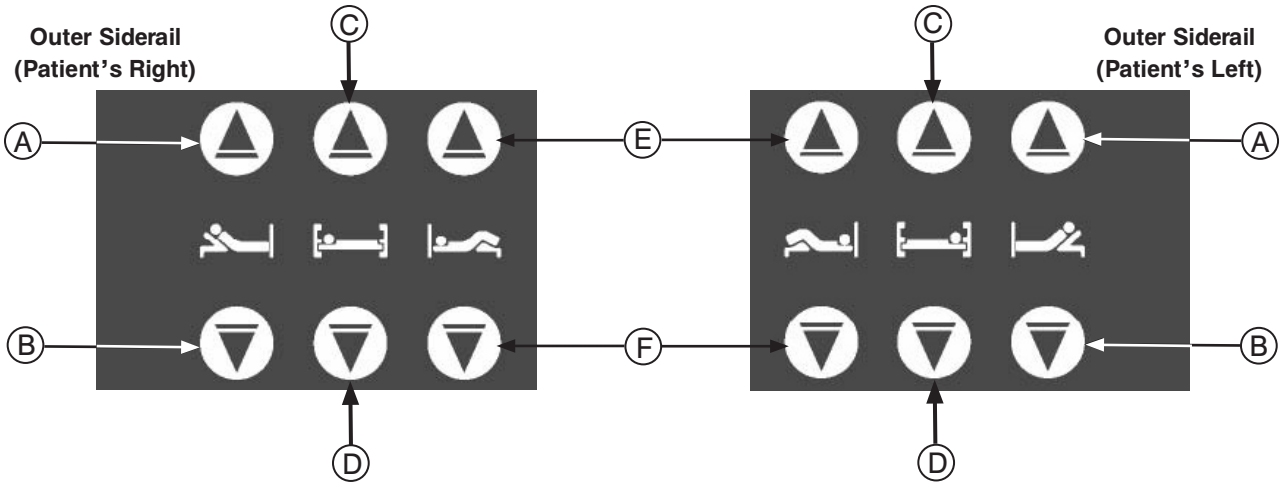
Included with the nurse call option is a 1/4" phono plug located on the frame at the head end of the bed. It enables the use of a nurse call cord that can be placed within reach of a patient who is not in the bed.

SIDERAIL CONTROL PANEL USAGE (OPTIONAL)

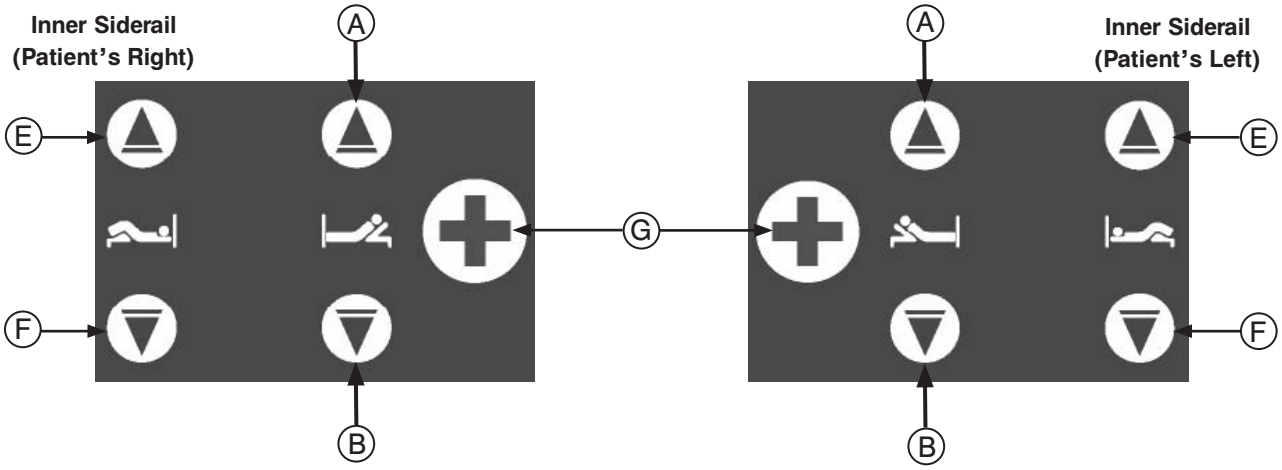
According to options chosen, siderails may be equipped with fixed (half-length siderails only) or removable (half-length and full-length siderails) control panels (patient control) allowing the setting of the bed height (F) and the head and thigh section positions (E).

Note

In order for the patient to use the siderail functions of the optional fixed or removable control panels, the functionality must be unlocked. Refer to the control lockouts section on the following page for procedure.



A	Press to raise Fowler.
B	Press to lower Fowler.
C	Press to raise bed.
D	Press to lower bed.
E	Press to raise Knee Gatch.
F	Press to lower Knee Gatch.
G	Press to activate Nurse Call (optional)



FOOT BOARD CONTROL PANEL USAGE

The bed is equipped standard with a control panel located on the foot board at the foot end of the bed. An optional control panel, identical to the standard one, may also be present on the foot board. When both panels are present, the bed functions may be activated from the controls of either panel.

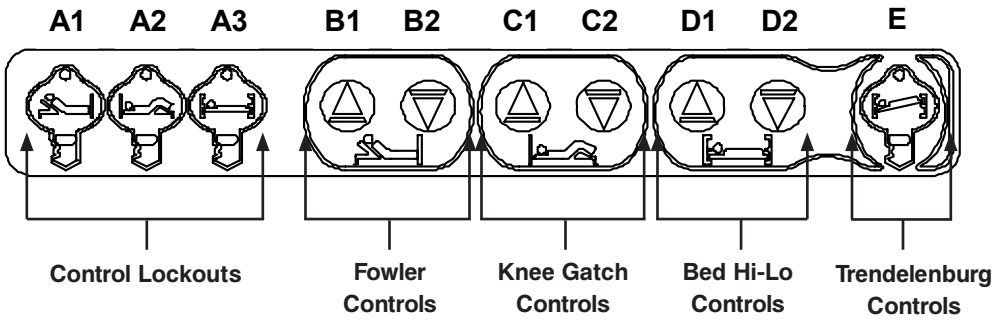


Figure 1

Note

- The three control lockouts (A1 to A3) as shown in Figure 1 allow the selective lock out of controls available to the patient and the nurse staff through the optional siderail control panels or the optional pendant control. The state of the LED associated to each control indicates whether the control is available to the patient or is locked. A LED that is illuminated green (On) indicates that the control is available to the patient. If the LED is not illuminated (Off), then the control is locked.
- The optional pendant control does not allow the patient to adjust the bed height, thus the Hi-Lo control lockout (A3) will not function when a pendant control is used. The LED associated with this lockout will illuminate (On) if the control is pressed, but with no consequence on the bed operation.

⚠ WARNING

Do not use an accessory that slides under the bed frame when the bed is in low position or remove it before lowering the bed. Failure to conform to this safety precaution could result in serious patient injury and equipment damage.

Button	Function
A1	Press to lock the Fowler controls. The green LED will go off.
A2	Press to lock the Knee Gatch controls. The green LED will go off. **Note:** The Knee Gatch lockout is also used to enable the Auto Contour positioning.
A3	Press to lock the bed height adjustment controls.
B1	Press to raise the Fowler.
B2	Press to lower the Fowler.
C1	Press to raise the Knee Gatch.
C2	Press to lower the Knee Gatch.
D1	Press to raise the bed.
D2	Press to lower the bed.

Button	Function
E	Press to activate the Trendelenburg positioning. Once this control is activated, the Trendelenburg positions become available through the bed Hi-Lo controls (D1 and D2). The Trendelenburg LED will go on. • **Trendelenburg:** Press the Hi-Lo up control (D1) to lower the head end of the bed and raise the foot end. • **Reverse Trendelenburg:** Press the Hi-Lo down control (D2) to lower the foot end of the bed and raise the head end. **Note:** To replace the sleep surface to horizontal position after a Trendelenburg positioning, press the Trendelenburg control to deactivate it (LED will go off) and use the bed Hi-Lo controls to either raise or lower the sleep surface to its limit. Then set the bed to the desired height.

AUTO CONTOUR POSITIONING (OPTIONAL)

The bed may be equipped with the optional Auto Contour positioning. The Auto Contour positioning partially raises the thigh section as the head section is raised. It prevents the patient from slipping toward the foot end of the bed.

To enable the Auto Contour positioning, deactivate the Knee Gatch lockout (**A2**). The lockout green LED will illuminate (On).

Optional Bed Accessories

Accessory	Part Number	Page Reference
Bed Extender	FA64152	See page 20
Cushion for Bed Extender	DM64063	See page 21
Cushion for Bed Extender	DM64064	See page 21
Emergency Crank	FA64161	See page 22
Removable I.V. Pole	FDTSH	See page 23
Removable Two-Sided, Two-Function Pendant Control	FA64160	See page 24
P&D Two-Function Pendant Control	FA64155	See page 25
Half an Inch Diameter Stryker Removable I.V. Pole	FA64135	See page 26
Half-Length Siderail Protective Pads	DM64232	See page 27
Full-Length Siderail Protective Pads	DM64176	See page 28
Half-Length Siderail Protective Pads	DM64233	See page 29
Full-Length Siderail Protective Pads	DM64178	See page 30
One Inch Diameter Removable I.V. Pole	FA61002-G	See page 31
Oxygen Bottle Holder	FA64036G	See page 32
Upright Oxygen Bottle Holder	FA64117	See page 33
Overhead Trapeze	FA64145	See page 34
Monitor Tray	FA64153	See page 36
One Inch Diameter Fixed I.V. Pole	FA64157	See page 37

Bed Extender - FA64152

The Bed Extender is designed to increase temporarily the length of the mattress support by 10”. A cushion (DM64064 for a 5” thick mattress or DM64063 for a 6” thick mattress) must be ordered seperately to accompany the extension.

INSTALLATION

⚠ WARNING

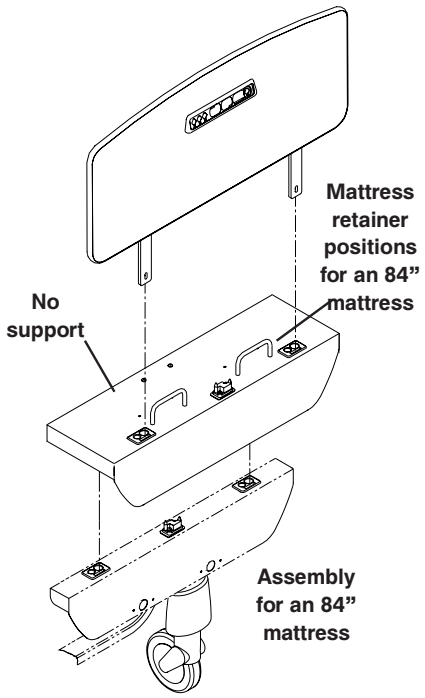
Remove the patient from the bed before installing this accessory.

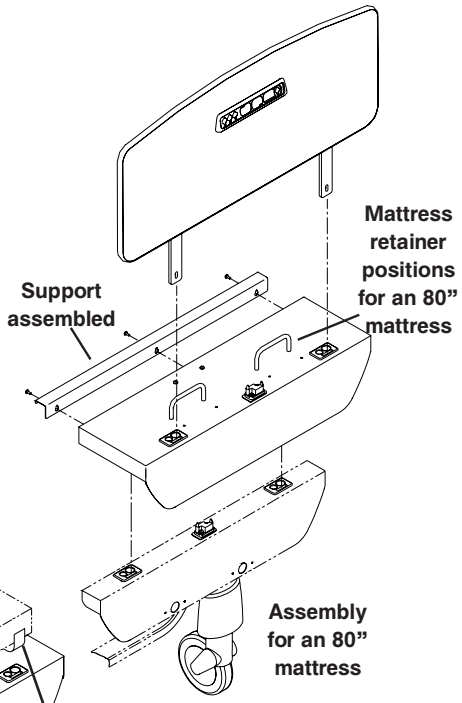
Tools required:

Phillips Screwdriver

Procedure:

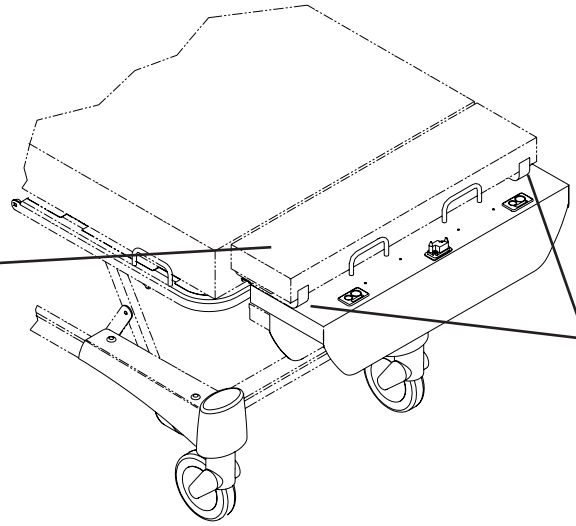
1. Unplug the bed and apply the brakes. Remove the foot board.
2. Before installing the extension, some adjustments are needed depending on the length of the mattress being used.
   - For an 80” long mattress, assemble the support (item 2 on included drawing L64-079) on the bed extension using the provided screws and a Phillips screwdriver. Do not move the foot end mattress retainers (item 9 on included drawing L64-079), it is already positioned for an 80” mattress.
   - For an 84” mattress, remove the mattress retainers (item 9 on included drawing L64-079) using a Phillips screwdriver and replace them at the position nearest to the extension foot end. Do not assemble the support (item 9 on included drawing L64-079).
3. Insert the mattress support extension posts in the foot board mounting sockets.
4. Install the cushion on the extension. Do not use the cushion straps, simply squeeze the cushion between the mattress end and the extension mattress retainers (figure 2).
5. Insert the foot board in the mounting sockets provided on the extension.
6. Check the foot end and foot board (optional) control panels for proper operation before returning the bed to service.





⚠ WARNING

The extension must be removed before using the emergency crank FOHMAU (optional).



Cushion for Bed Extender - DM64063

This 3” thick cushion can be used with any 10” long bed extender. It is used as a complement to a 6” or 6.5” thick mattress. It is made of viscose foam for the upper part and of impermeable polyurethane screen of a dark green color.

Note

The straps of this cushion should only be used with the bed extender FA64016.

INSTALLATION:

⚠ WARNING

Remove patient from the bed before installing this accessory.

Tools required: None

Procedure:

1. Squeeze the cushion between the mattress and the bed extender retainers.

Cushion for Bed Extender - DM64064

This 3” thick cushion can be used with any 10” long bed extender. It is used as a complement to a 6” or 6.5” thick mattress. It is made of viscose foam for the upper part and of impermeable polyurethane screen of a dark green color.

Note

The straps of this cushion should only be used with the bed extender FA64016.

INSTALLATION:

⚠ WARNING

Remove patient from the bed before installing this accessory.

Tools required: None

Procedure:

1. Squeeze the cushion between the mattress and the bed extender retainers.

Emergency Crank - FA64161

The emergency crank is used to adjust the position of the mobile sections of electric beds during a power failure.

OPERATION

⚠ WARNING

Before using the emergency crank during a power failure, always unplug the bed power cord. An unexpected return of power could rotate the handle and cause injury.

Note

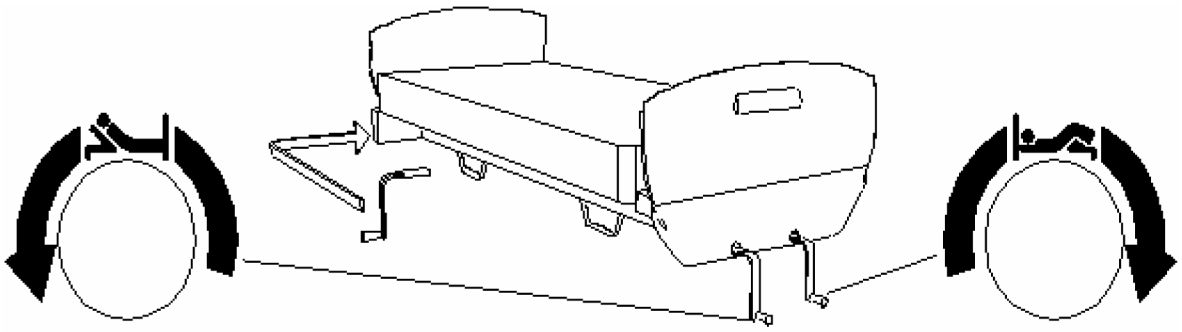
- The crank may touch the ground if used when the bed is in Reverse Trendelenburg.
- Only the Fowler and the Knee Gatch positions can be adjusted during a power failure.

1. Insert the crank into the appropriate aperature located at the foot end of the bed and follow the icon indications to adjust as desired (see figure below):
   a. Fowler position: Left aperature
   b. Knee Gatch Position: Right aperature.

Note

Exert pressure on the crank while turning to compress the adaptor spring.

2. Remove the crank after use and store it at the head end of the bed (see figure below).



Removable I.V. Pole - FDTSH

This removable I.V. pole has a diameter of 1/2” and can be adjusted in height.

INSTALLATION

WARNING

The Scale system as well as the Bed Exit system must be adjusted if this accessory is added when either system is in function. Refer to the “Adding or Removing Equipment When a Patient is on the Bed” procedure for more information.

Tools Required: None

Procedure:

1. Insert the I.V. pole in one of the sockets found at both ends of the bed.

OPERATION

CAUTION

Do not use the I.V. pole as a push/pull device.

1. To adjust the height of the pole, turn the lock actuator counterclockwise and raise the telescoping portion of the pole to the desired height. Tighten the lock actuator.
2. Hang the I.V. bag(s).

WARNING

The weight of the I.V. bags should not exceed 11 lbs (5 kg).

Removable Two-Sided, Two-Function Pendant Control - FA64160

This membrane-type pendant control for the use of the patient and the nursing staff may be hooked on to the bed sheets or mounted on a siderail.

INSTALLATION

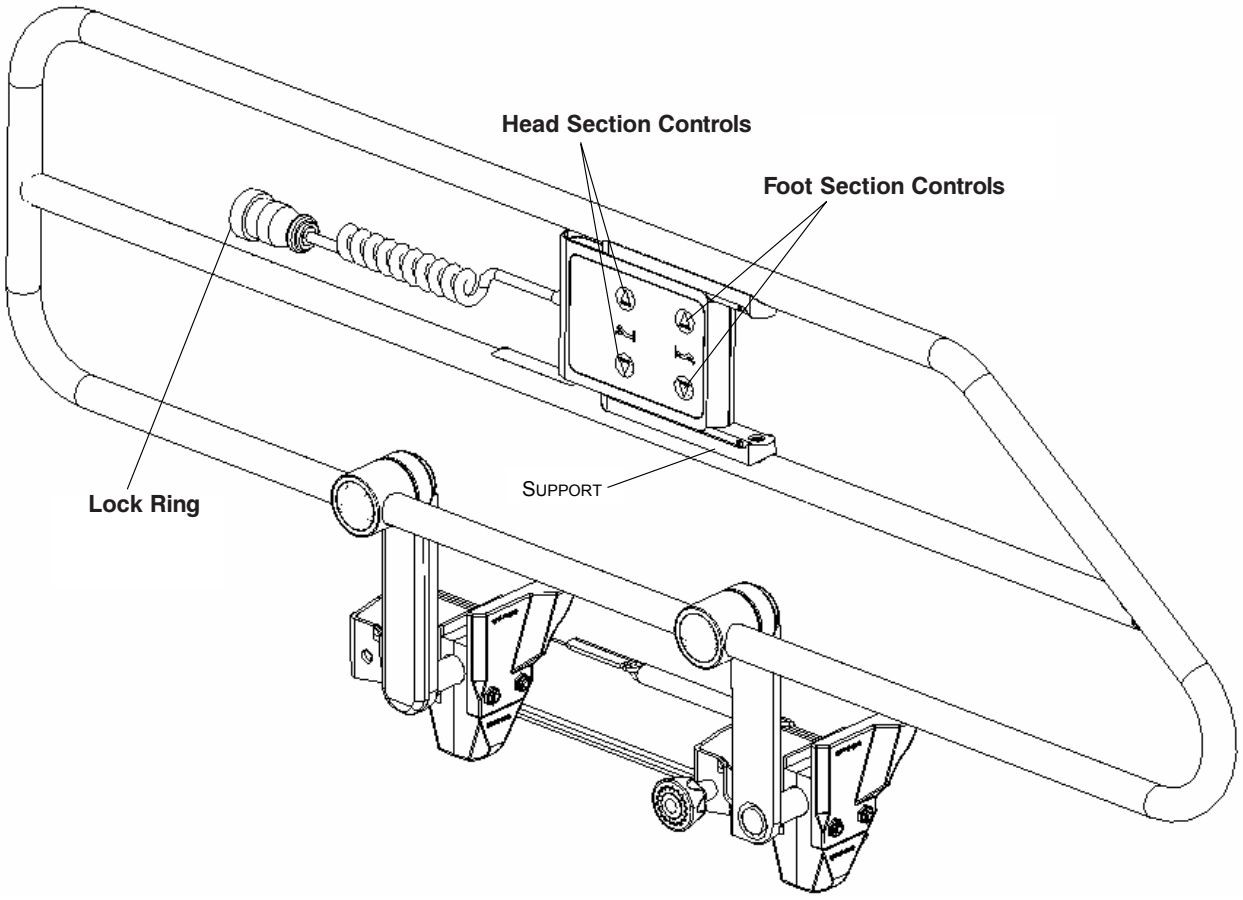
Necessary Tools: None

Procedure:

1. Plug the cable connector into the proper receptacle located under the head section on either side of the bed. Tighten the connector lock ring (see figure below).
2. Attach the pendant control to the bed sheets using the alligator clip or install it in the support provided on the siderails.

OPERATION

Refer to figure below for the function corresponding to each button.



P&D Two-Function Pendant Control - FA64155

This button-type pendant control may be hooked on to the siderails. It allows the patient and the nursing staff to adjust the position of the Fowler and Knee Gatch.

INSTALLATION

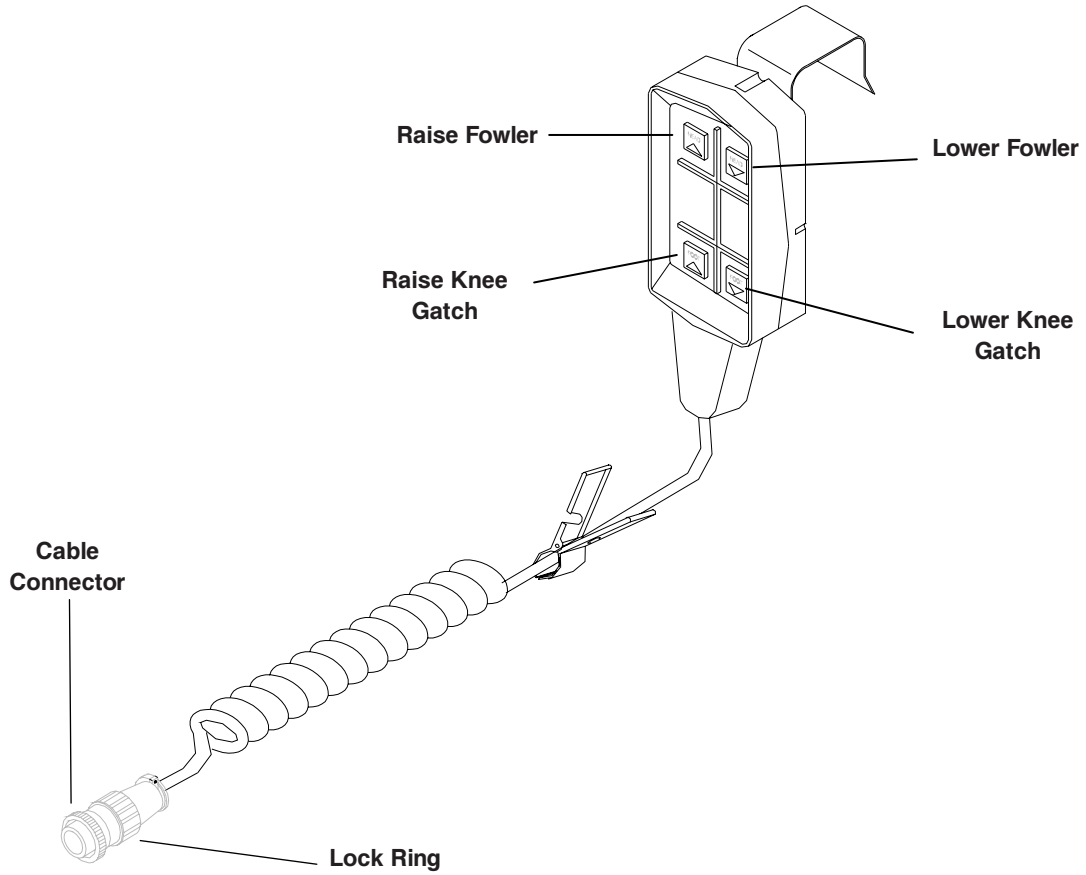
Necessary Tools: None

Procedure:

1. Plug the pendant control cable connector into the socket located under the center section on either side of the bed. Tighten the connector lock ring (see figure below).
2. Hook the pendant control on to the siderail.

OPERATION

Refer to figure below for the function corresponding to each button.



Half an Inch Diameter Stryker Removable I.V. Pole - FA64135

Removable half an inch diameter I.V. pole which height is adjustable.

INSTALLATION

⚠ WARNING

The addition of this equipment to a pediatric stretcher equipped with the Scale system (optional) will require the application of the procedure described under “Adding or Removing Equipment with a Patient in the Stretcher”.

Necessary Tools: None

Procedure:

1. Insert the I.V. pole in the socket provided at either end of the stretcher or bed.

OPERATION

⚠ CAUTION

Do not use the I.V. pole as a push/pull device.

1. To adjust the height of the pole, turn the lock knob counterclockwise and raise the telescoping portion of the pole to the desired height. Tighten the knob.
2. Hang the I.V. bag(s).

Note

The I.V. pole cannot be installed on a premium accessory bracket housing the electronic components of the Scale system (optional) that may equip some stretchers.

⚠ WARNING

The weight of the I.V. bags should not exceed 11 lbs (5 kg).

Half-Length Siderail Protective Pads - DM64232

Protective pads for half-length siderails are designed to prevent patients from injuring themselves with the siderails. They are made of “Champion” imitation leather stuffed with foam. They are fixed using zip and snap fasteners.

INSTALLATION

⚠ WARNING

Remove the patient from the bed before installing the accessory.

Necessary Tools: None

Procedure:

Head Siderail Pads:
1. Flatten the mattress support sections.
2. Lower the foot siderails and raise the head ones.
3. Open the zip fastener located at the end of each pad.
4. Slip the head pad over the head siderail to wrap it completely.

Note

Note the shape of the head siderail in order to properly position the pad over the siderail.

5. Close the zip fastener.
6. Close the lower part of the pad by snapping together the two flaps.

Foot Siderail Pads:
1. Lower the head siderails and raise the foot ones.
2. Open the zip fastener located at the end of each pad.
3. Slip the foot pad over the foot siderail to wrap it completely.

Note

Note the shape of the foot siderail in order to properly position the pad over the siderail.

4. Close the zip fastener.
5. Close the lower part of the pad by snapping together the two flaps.

⚠ WARNING

- Before using the siderail pads, ensure by a thorough inspection that they are properly installed on the siderails.
- Siderails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep a 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 patient injury.
- Protective pads should be maintained as indicated on the label sewed on the inner face of the pad flap.
- If the pad is damaged, it must be repaired before use or removed from service if any cracks or rips are found on the imitation leather cover. If the pad is soiled, have it cleaned and disinfected before use.

Full-Length Siderail Protective Pads - DM64176

Protective pads for full-length siderails are designed to prevent patients from injuring themselves with the siderails. They are made of “Champion” imitation leather stuffed with foam. They are fixed using zip ans snap fasteners.

INSTALLATION

⚠ WARNING

Remove the patient from the bed before installing the accessory.

Necessary Tools: None

Procedure:

1. Fully raise the siderail.
2. Open the zip fastener located at one end of the pad.
3. Slip the pad over the siderail to wrap it completely.

Note

Place the pad on the siderail so that the zipped end faces the foot end of the bed.

4. Close the zip fastener.
5. Close the lower part of the pad by snapping together the two flaps.

⚠ WARNING

- Before using the siderail pads, ensure by a thorough inspection that they are properly installed on the siderails.
- Siderails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep a 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 patient injury.
- Protective pads should be maintained as indicated on the label sewed on the inner face of the pad flap.
- If the pad is damaged, it must be repaired before use or removed from service if any cracks or rips are found on the imitation leather cover. If the pad is soiled, have it cleaned and disinfected before use.

Half-Length Siderail Protective Pads - DM64233

Protective pads for half-length siderails are designed to prevent patients from injuring themselves with the siderails. They are made of “Champion” imitation leather stuffed with foam. They are fixed using zip and snap fasteners.

INSTALLATION

⚠ WARNING

Remove the patient from the bed before installing the accessory.

Necessary Tools: None

Procedure:

Head Siderail Pads:
1. Flatten the mattress support sections.
2. Lower the foot siderails and raise the head ones.
3. Open the zip fastener located at the end of each pad.
4. Slip the head pad over the head siderail to wrap it completely.

Note

Note the shape of the head siderail in order to properly position the pad over the siderail.

5. Close the zip fastener.
6. Close the lower part of the pad by snapping together the two flaps.

Foot Siderail Pads:
1. Lower the head siderails and raise the foot ones.
2. Open the zip fastener located at the end of each pad.
3. Slip the foot pad over the foot siderail to wrap it completely.

Note

Note the shape of the foot siderail in order to properly position the pad over the siderail.

4. Close the zip fastener.
5. Close the lower part of the pad by snapping together the two flaps.

⚠ WARNING

- Before using the siderail pads, ensure by a thorough inspection that they are properly installed on the siderails.
- Siderails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep a 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 patient injury.
- Protective pads should be maintained as indicated on the label sewed on the inner face of the pad flap.
- If the pad is damaged, it must be repaired before use or removed from service if any cracks or rips are found on the imitation leather cover. If the pad is soiled, have it cleaned and disinfected before use.

Full-Length Siderail Protective Pads - DM64178

Protective pads for full-length siderails are designed to prevent patients from injuring themselves with the siderails. They are made of “Champion” imitation leather stuffed with foam. They are fixed using zip and snap fasteners.

INSTALLATION

⚠ WARNING

Remove the patient from the bed before installing the accessory.

Necessary Tools: None

Procedure:

1. Fully raise the siderail.
2. Open the zip fastener located at one end of the pad.
3. Slip the pad over the siderail to wrap it completely.

Note

Place the pad on the siderail so that the zipped end faces the foot end of the bed.

4. Close the zip fastener.
5. Close the lower part of the pad by snapping together the two flaps.

⚠ WARNING

- Before using the siderail pads, ensure by a thorough inspection that they are properly installed on the siderails.
- Siderails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep a 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 patient injury.
- Protective pads should be maintained as indicated on the label sewed on the inner face of the pad flap.
- If the pad is damaged, it must be repaired before use or removed from service if any cracks or rips are found on the imitation leather cover. If the pad is soiled, have it cleaned and disinfected before use.

One Inch Diameter Removable I.V. Pole - FA61002-G

One inch diameter removable anodized aluminum I.V. pole. The base of the pole is equipped with a lock pin to prevent the pole from rotating in the socket.

INSTALLATION

⚠ WARNING

The Scale system as well as the Bed Exit system must be adjusted if this accessory is added when either system is in function. Refer to the “Adding or Removing Equipment when a Patient is on the bed” procedure.

Necessary Tools: None

Procedure:

1. Install the pole at any of the four receptacles located at the head or foot end of the bed.
2. Slightly rotate the pole to properly engage the lock pin in the socket base. Once correctly positioned, the pole will not rotate in the receptacle.

OPERATION

1. To adjust the height of the pole, turn the lock actuator counterclockwise and raise the telescoping portion of the pole to the desired height. Tighten the lock actuator.
2. Hang the I.V. bag(s).

⚠ CAUTION

The weight of the I.V. bags should not exceed 11 lbs (5 kg) per hook.

Oxygen Bottle Holder - FA64036-G

This holder accepts a 4” (10,2 cm) diameter and 31” (78,8 cm) long oxygen bottle as well as the dial. The holder can be installed on the head or foot board.

INSTALLATION

Necessary Tools: None

Procedure:

1. Hook the support to a head or foot board using the hooks (see figure below).

Note

On the 9” (22, 9 cm) high boards of the FL23SE and FL23SM series beds, the holder can only be placed on the outer side of the board.

2. Tighten the lock screw properly to maintain in place the support.

OPERATION

1. Insert the oxygen bottle in the holder.

⚠ WARNING

Possible fire hazard exists when this bed is used with oxygen-administering equipment other than nasal or mask type. It is recommended to unplug the bed power cord from the wall when oxygen-administering equipment is used.

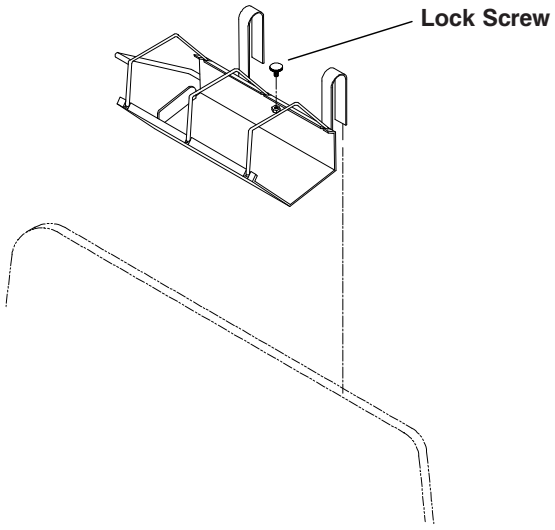


Figure 1

Upright Oxygen Bottle Holder - FA64117

Upright holder accepting a 4” (10,2 cm) diameter oxygen bottle. It can be installed at the foot or head end of the bed.

INSTALLATION

Necessary Tools: None

Procedure:

See figures below.

1. Remove the lock pin from the holder support rod.
2. Insert the support rod in the hole provided on the I.V. pole holder at the head or foot end of the bed.
3. Bring the chain under the head or foot end casing and insert the lock pin in the hole provided on the holder rod.

Important
The bottle holder installation must be finalized by installing the lock pin. The function of the pin is to prevent the bottle holder from coming out its position when an oxygen bottle is removed from it.

OPERATION

1. Insert the oxygen bottle in the holder and adjust the holder to the desired position.

⚠ CAUTION

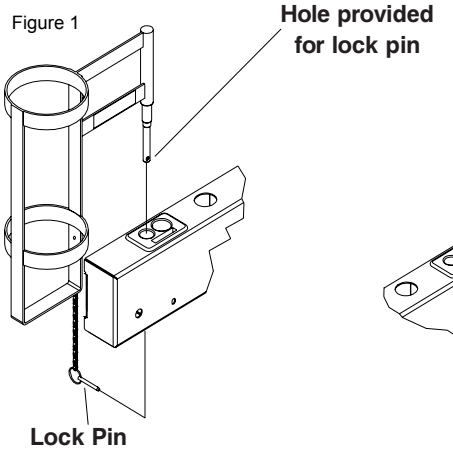
Maximum working load: 34 kg (75 lbs).

⚠ WARNING

Possible fire hazard exists when this bed is used with oxygen-administering equipment other than nasal or mask type. It is recommended to unplug the bed power cord from the wall when oxygen-administering equipment is used.

The holder can be installed in four different ways at the head or foot end of the bed.
- To the right of the head/foot casing (Figure 1).
- To the left of the head/foot casing (Figure 2).
- Facing the right end of the head/foot casing (Figure 3).
- Facing the left end of the head/foot casing (Figure 4).

Figure 1



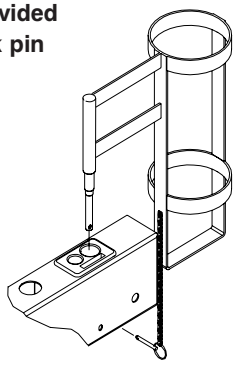


Figure 2

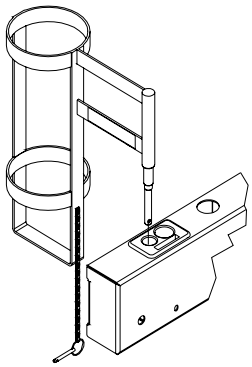


Figure 3

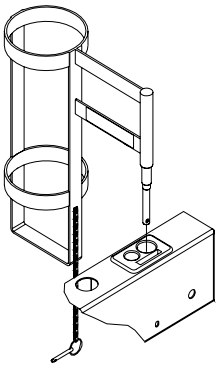


Figure 4

Overhead Trapeze - FA64145

The overhead trapeze provides a support that allows the patient to raise himself to change its position in the bed. The system features a lower fixed section, an upper movable one and a trapeze. When in use, the upper movable section is centered over the patient. When not in use, it can be stored on either side of the bed by rotating it.

INSTALLATION

Necessary Tools: None

Procedure:

See Figure 1.

1. Insert the lower section posts (A) into the slots (the largest ones) provided on the bed head end casing. Ensure they are completely inserted.
2. Insert the hitch pins (B) in the holes (C) provided on both post ends.
3. Place the nylon washer (D) on the pivot pin (E) of the lower section.
4. Attach the triangular handle (H) to the storage hook (K).
5. While pulling on the lock pin (G), install the upper section onto the pivot pin (E) and release the lock pin.
6. Pull on the positioning lock pin (F) and pivot the upper section to either side completely. Release the lock pin and ensure that it is properly engaged. This position is the overhead trapeze storing position when not in use.

OPERATION

⚠ WARNING

- The overhead trapeze is designed to help the patient to change its position in the bed. It must not be used as a support to get in or leave the bed. Injuries could result from an improper use of the overhead trapeze. A medical advice may be necessary to determine if the use of an overhead trapeze is adequate for the patient's condition or the treatment given.
- The maximum load capacity of the overhead trapeze is 68 kg (150 lbs).

1. To position the trapeze over the patient, first make sure that the handle (H) is attached to the storage hook (K). Then pull the lock pin (F) and pivot the upper section towards the centre of the bed. Release the lock pin and ensure that it is properly engaged.
2. Remove the handle from the hook and adjust its height by shortening or lengthening its strap (J).
3. To store a trapeze not in use, attach the handle to the hook (K), pull the lock pin (F) and pivot the upper part to the storing position (30˚) on either side of the bed. Release the lock pin and ensure that it is properly engaged.
    - The overhead trapeze should not be used when stored at the 30˚ position. The bed could tip over as a result.
    - To avoid injury, always store the trapeze on its storage hook before pivoting.

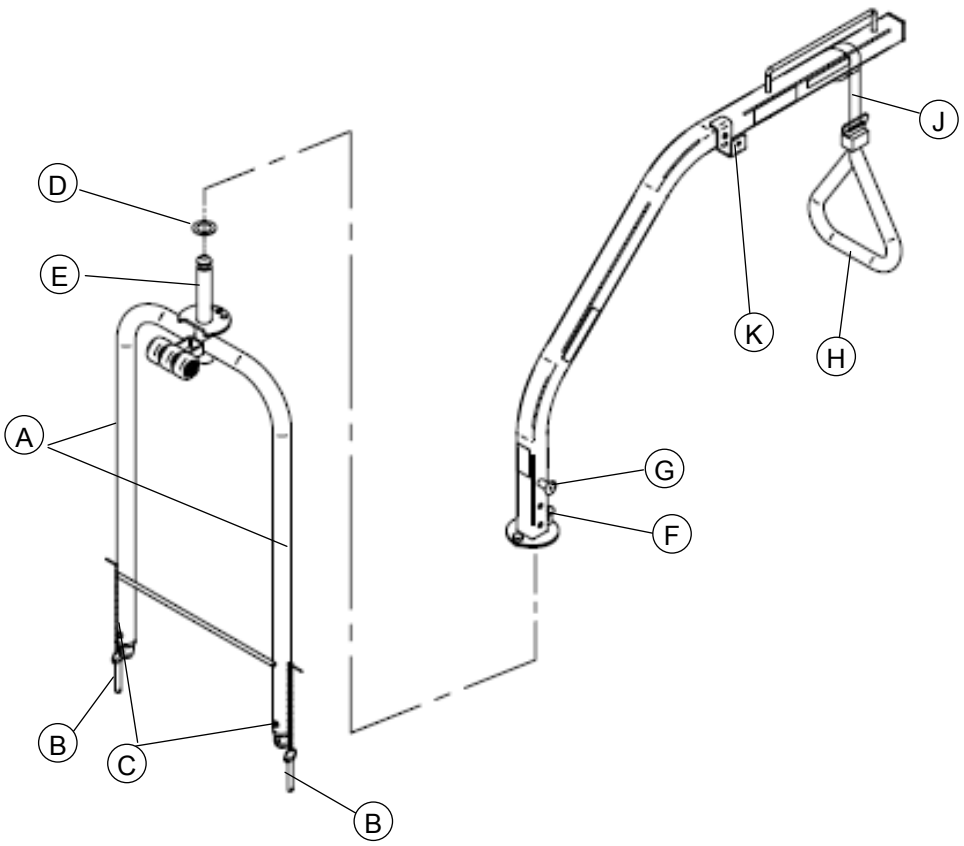


Figure 1

Monitor Tray - FA64153

The monitor tray is designed to hold and secure a monitor using a Velcro strap. The tray can also be used as a writing support. It folds down completely in the stored position.

INSTALLATION

Necessary Tools: None

Procedure:

See Figure 3 below.

1. Insert the monitor tray posts in the I.V. pole holders located on the foot end casing.

OPERATION

⚠ CAUTION

- Do not use the monitor tray as a push/pull device.
- Do not use an I.V. pole at the foot end of a bed equipped with this accessory.

See Figures 1, 2 and 3 below.

1. Pull the lock pin (A) maintaining the tray in the stored position (Figure 1) and lift the tray to the desired position:
2. For the writing support position (Figure 2), lift the tray for about 30˚ and release the lock pin.
3. To support a monitor (Figure 3), completely fold back the tray towards the inside of the bed and release the lock pin.

Note

Secure the monitor to the tray using the Velcro strap.

⚠ WARNING

The maximum load capacity of the tray is 40 lbs (18 kg).

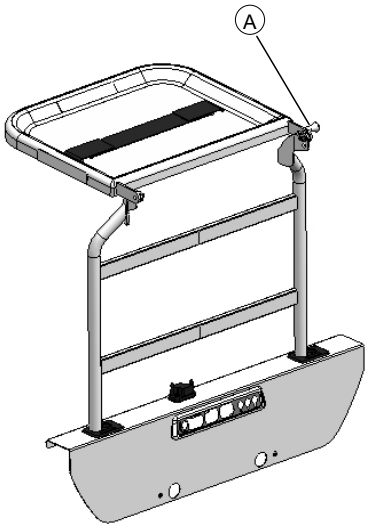


FIGURE 1

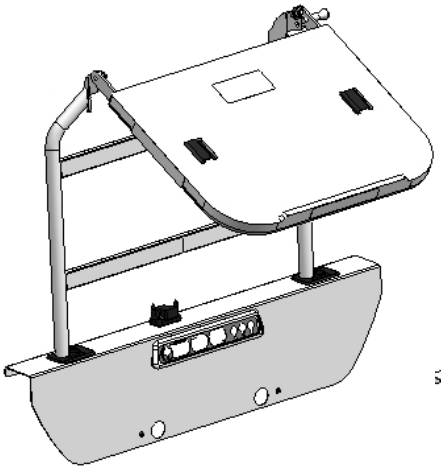


FIGURE 2

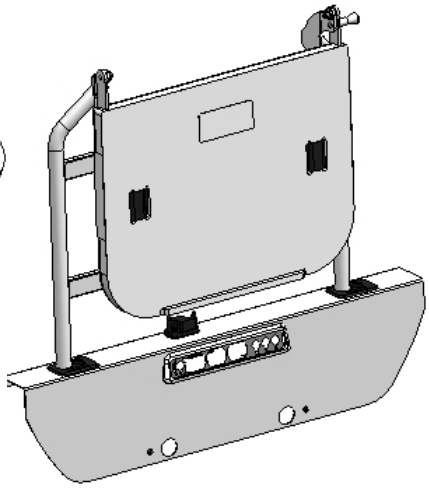


FIGURE 3

One Inch Diameter Fixed I.V. Pole - FA64157

One inch diameter fixed anodized aluminum I.V. pole. The pole can be fold and stored when not in use.

INSTALLATION

Necessary Tools:

- 1/2” Combination Wrench

Procedure:

See Figure 1.

Note

The fixed I.V. pole can be installed at either end of the bed. However, if the bed is equipped with a control panel on the foot board, it will not be possible to fold the pole to store it.

1. Install the base of the pole in one of the two receptacles located on the bed head end or foot end casing.
2. Turn the pole so that the storage pin (A) faces the opposite pole holder and ensure that the lock pin (B) at the base of the pole is engaged in the slots of the receptacle base. The pole should not pivot any more in the receptacle.
3. Using a 1/2” wrench, screw the bolt (C) completely in the base of the pole to permanently attach it to the bed.

Note

- We recommend that you apply medium strength thread locker on the bolt threads before installing it.
- Check regularly that the bolt (C) is properly tightened.

OPERATION

1. Lift the pole from the storage position and push it down into the receptacle.
2. Open the hooks.
3. To adjust the height of the pole, turn the lock actuator (D) counterclockwise and raise the telescoping portion of the pole to the desired height. Tighten the lock actuator.
4. Hang the I.V. bag(s).
5. To store the pole:
   - Loosen the lock actuator and lower the telescoping portion. Tighten the lock actuator.
   - Fold the hooks.
   - Lift the pole from the receptacle, fold it toward the opposite side and lay it on the head end casing while ensuring that the storage pin rests in the orifice provided.

⚠ CAUTION

The weight of the I.V. bags should not exceed 11 lbs (5 kg) per hook.

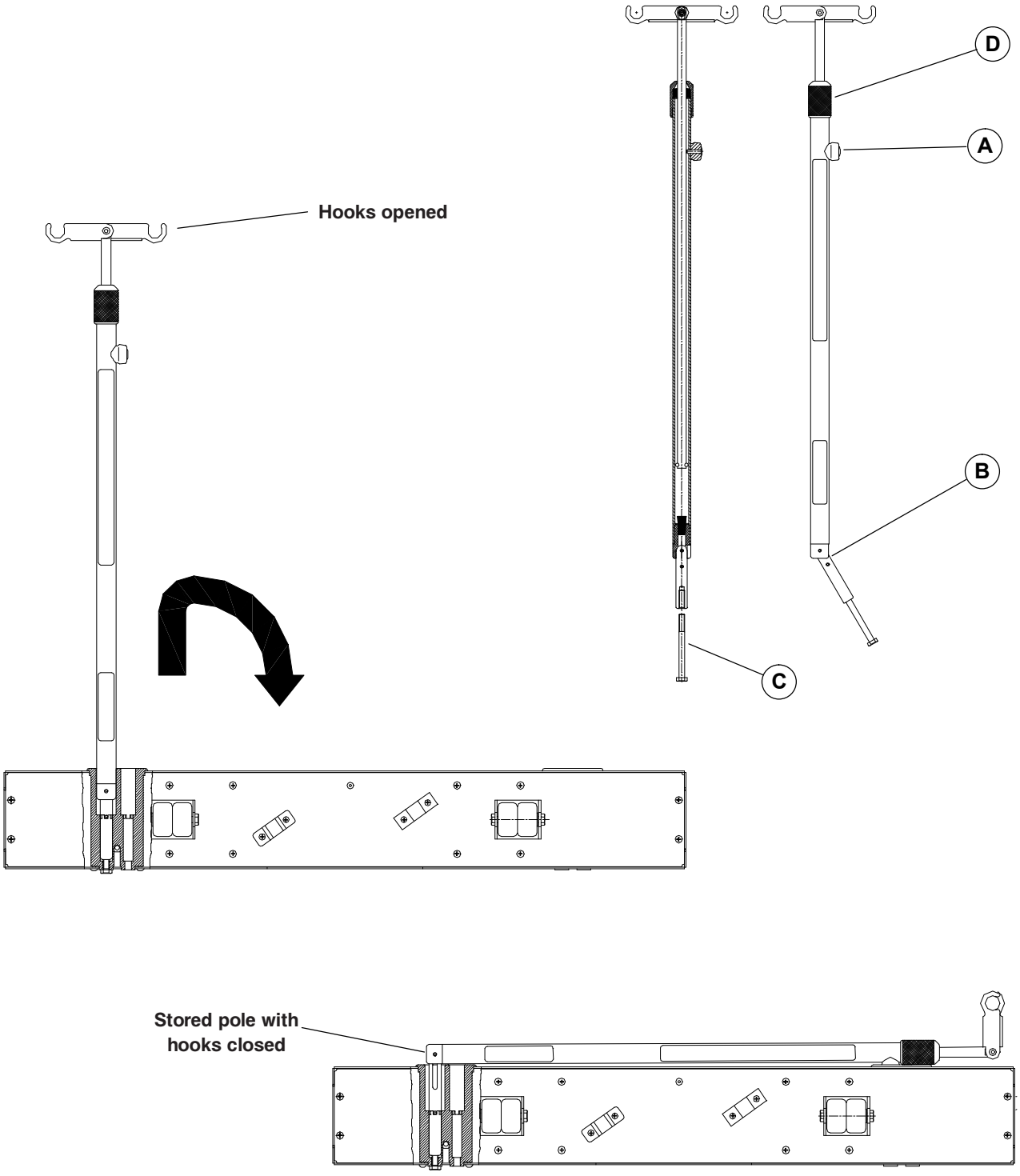


Figure 1

CHECKLIST

Preventative maintenance should be performed at least once a year to ensure all bed features are operating properly. Ensure that any bed malfunction is promptly reported to your service personnel for immediate attention. When servicing, use only identical replacement parts provided by Stryker. Preventative maintenance may need to be performed more frequently based on the usage level of the bed.

_____ All fasteners secure.

_____ Inspect for excessive wear the oil-impregnated bronze shoulder spacers found at the bed hinge points. **Do not lubricate these spacers, replace as needed**.

_____ On both sides of the bed, depress fully down the side of the pedal identified with a red sticker and ensure that the brakes are applied and the bed immobilized. Toggle the pedal to neutral and ensure the brakes are released.

_____ On both sides of the bed, depress fully down the side of the pedal identified with a green sticker and ensure that the steer mode - bed steer caster or optional fifth wheel - is engaged. Toggle the pedal to neutral and ensure that the steer mode disengages.

_____ Siderails move upward and downward, and latch properly (see pg. 15).

_____ All controls of the inner and outer siderail control panels (optional) working properly (see pg. 16).

_____ All controls on the foot end and optional foot board panels working properly, including Trendelenburg and lockout LEDs (see pg. 17).

_____ Fowler and Knee Gatch (if raised) flatten and the Fowler control motor resets itself automatically when one or both optional CPR handles is pulled until the Fowler is horizontal. Wait about 30 seconds - the time for the Fowler motor to reset itself - then raise the Fowler to ensure that the resetting of the motor has indeed occurred.

_____ Verify the Fowler, Knee Gatch and Hi-Lo motions to ensure that the motion interrupt switch integrated to the four electric actuators is operating properly.

_____ 120V optional auxiliary outlet working properly.

_____ Optional night light working properly.

_____ Head end bumpers tightly secured to frame and working properly.

_____ No rips or cracks in mattress cover. Replace if ripped or cracked.

_____ Power cord not frayed. Replace if protective sheath is cut or ripped.

_____ No cables worn or pinched.

_____ All electrical connections tight.

_____ All grounds secure to the frame.

_____ All casters roll properly. Check caster for cuts, wear, etc.

_____ Measure current leakage and grounding continuity of the bed and the optional auxiliary outlet. Contact your local Technical Service department for the acceptable values.

Bed Serial Number:		

Completed by: _____ Date: _____

BED CLEANING

⚠ WARNING

Always unplug the bed power cord from the power source 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. The bed electrical parts may be damaged by exposure to water.

Germicidal disinfectant, 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, ensure the beds are rinsed with clean water and thoroughly dried following cleaning. **Failure to properly rinse and dry the beds will leave a corrosive residue on the surface of the bed, possibly causing premature corrosion of critical components.** Failure to follow the above directions when using these types of cleaners may void this product's warranty.

Procedure:
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, which may allow fluid to enter the mattress, are found in the mattress cover. 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 user.

Inspection

- Implement local policies to address regular care, maintenance, and cleaning of mattresses and covers. The cover cleaning procedure can be found below as well as on the mattress label.
- Inspect mattress cover surface, inside and outside, and the zip fasteners if mattresses have zip fasteners regularly for signs of damage. If the mattress cover is heavily stained, soiled or 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 10 parts of water.

LIMITED WARRANTY

Stryker Medical Division, a division of Stryker Corporation, warrants to the original purchaser the Electric MedSurg Bed, Model FL23SE, to 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. If requested by Stryker, products or parts for which a warranty claim is made shall be returned prepaid to the factory. Any improper use or any alteration or repair by others in such manner as in Stryker's judgment affects the product materially and adversely shall void this warranty. Any repair of Stryker products using parts not provided or authorized by Stryker shall void this warranty. No employee or representative of Stryker is authorized to change this warranty in any way.

Stryker Medical Bed products are designed for a 15 year expected service life under normal use, conditions, and with appropriate periodic maintenance as described in the maintenance manual for each device. Stryker warrants to the original purchaser that the welds on its bed products will be free from structural defects for the expected 15 year life of the bed product as long as the original purchaser owns the product.

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 here under 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 USA at 1-800-327–0770.

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

SERVICE CONTRACT PROGRAMS

Stryker offers the following service contract programs:

Service Agreement Options *	Gold	Silver	Parts	Labor	PM
Annually scheduled preventative maintenance (PM)	X				X
All parts	X	X	X		
All labor and travel	X	X		X	
Unlimited emergency service calls	X	X		X	
Priority one contact: two hour phone response	X	X	X	X	
Most repairs completed within 3 days	X	X		X	
JCAHO documentation	X	X		X	X
On-site record of PM & emergency service	X				X
Factory-trained Stryker service technician	X	X		X	X
Stryker authorized parts used	X	X	X	X	X
Service during regular business hours (8–5)	X	X	X	X	X

* Does not include maintenance due to abuse or for any disposable items. Stryker reserves the right to change options without notice.

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.

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.

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UNITED STATES
Stryker Medical
3800 E. Centre Ave.,
Portage, Michigan USA
49002

CANADA
Stryker Canada
45 Innovation Drive
Hamilton, Ontario Canada
L9H 7L8

EC REP

European Representative
Stryker France
ZAC Satolas Green Pusignan
Av. De Satolas Green
69881 MEYZIEU Cedex
France

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