

Eye Surgery Stretcher

Model 1079

stryker[®]

Operations Manual



For parts or technical assistance:
USA: 1-800-327-0770 (option 2)

CE

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Symbols and Definitions

SYMBOLS



Warning/Caution: Consult accompanying documentation



Safe Working Load

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.


Introduction

This manual is designed to assist you with the operation of Stryker Model 1079 Eye Surgery Stretcher. Carefully read this manual thoroughly before using the equipment or beginning maintenance on it. 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 stretcher.

PRODUCT DESCRIPTION

The Stryker Model 1079 Eye Surgery Stretcher is a general purpose patient transport and treatment stretcher.

SPECIFICATIONS

	Safe Working Load Note: Safe Working Load indicates the sum of the patient, mattress, and accessory weight.	500 pounds	226.8 kg
Overall Stretcher Length/Width	90"/31.5"	228.6 cm/80 cm	
Minimum/Maximum Stretcher Height	22.25"/34"	56.5 cm/86.4 cm	
Fowler Angle	0° to 90°		
Gatch Angle (Optional)	0° to 30°		
Trendelenburg/Reverse Trendelenburg	+18°/-18°		
Minimum Under-Stretcher Clearance	6" nominal	15 cm	
	1.75" under the hydraulic cylinders and fifth wheel	4.5 cm	

Stryker reserves the right to change specifications without notice.

Summary of Safety Precautions

Carefully read and strictly follow the warnings and cautions listed on this page.

Service only by qualified personnel. See the maintenance manual for additional information.

WARNING

- Patients should be discouraged from sitting directly on the ends of the stretcher. Excessive weight could cause the litter surface to tip up, possibly causing patient injury.
 - Leave the stretcher litter in the lowest position when the patient is left unattended. Leaving the litter in a raised position could increase the chance of patient falls and injury.
 - Always apply the caster brakes when a patient is getting on or off the stretcher. Push on the stretcher to ensure that 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.
 - Make sure that the brakes are completely released before attempting to move the unit. Attempting to move the unit with the brakes actuated could result in injury to the user and/or patient.
 - After raising the siderails, pull firmly on the siderail to ensure it is securely locked into the up position. Siderails are not intended to serve as a patient restraint device to keep patients from exiting the unit. Siderails are designed to keep a patient from inadvertently rolling off the unit. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain in place. Failure to utilize the siderails properly could result in patient injury.
 - When lowering the siderail to the collapsed position, keep extremities of patients and staff away from the siderail spindles or injury could occur.
 - When using the transfer board to transfer a patient from one patient support platform (for example, bed, stretcher, gurney, operating table) to another, always lock the brakes on both patient support platforms. Make sure that the transfer board is placed securely on the surface of the patient support platforms. The patient support platforms and surfaces must be at the same height before the patient is transferred.
 - 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.
 - 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.
 - 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.
 - Do not reach between the side of the head extension and the articulating head piece to pull the release handle. Finger injury could result.
 - To avoid possible pinch points when adjusting the head piece, keep your fingers away from the jointed areas.
 - If the stretcher is equipped with the optional foot end push handles, use caution while the foot extension/defibrillator tray is installed to avoid pinching your fingers.
-

Summary of Safety Precautions

CAUTION

- Do not modify this stretcher. Modifying the unit can cause unpredictable operation resulting in injury to the patient or operator. Modifying the unit will also void its warranty.
 - To avoid damage, remove any equipment that may be in the way before raising or lowering the litter height.
 - To avoid injury or damage to the equipment, do not allow the siderail to lower on its own.
 - When the transfer 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 maximum PSI level for the drape support/oxygen tubing is 20 PSI (1.38 Bars/140 KPA).
 - To avoid damage, the weight of the I.V. bags should not exceed 40 pounds.
 - To avoid damage while transporting the stretcher, verify that the I.V. pole is at a low enough height to allow it to safely pass through door openings and under light fixtures.
 - If the stretcher is equipped with the optional foot end I.V. pole, the I.V. pole must be in the raised position when the foot extension/defibrillator tray is installed. If the I.V. pole is not raised, the foot extension will not function properly and injury could occur.
 - To avoid damage, do not put items weighing more than 30 pounds on the defibrillator tray.
 - To avoid damage, do not put items weighing more than 30 pounds on the serving tray.
 - Do not raise the unit (hydraulics on base) with a patient lift under the stretcher.
 - Do not use the hood for stepping.
-

NOTE

- Clean hood storage area regularly.
- The bottom of the brake pads should be cleaned regularly to prevent wax or floor remnant buildup.

Setup Procedures

Make sure that the unit is working properly before it is put into service. The following list will ensure that each part of the unit is checked.

- Depress the pedal at either end of the stretcher fully to set the four wheel brakes and verify all four casters are locked
- Ensure the siderails raise and lower smoothly and lock securely in the full up position (see [page 14](#))

Operation Guide

OPERATING THE BASE CONTROLS - SIDE CONTROL

To operate the base controls, see Figure 1 to locate which pedals are used for what operation. Pedal (A) raises the litter. Pedal (B) lowers the stretcher ends. Pedal (C) operates the brake and steer function for the foot end.

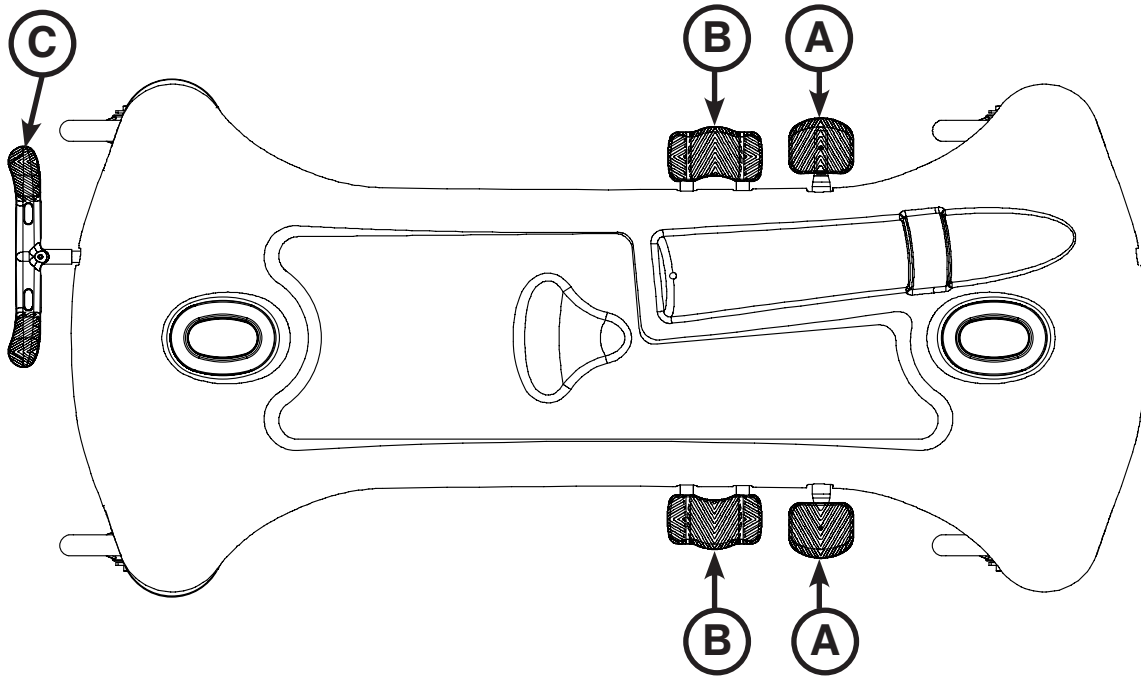
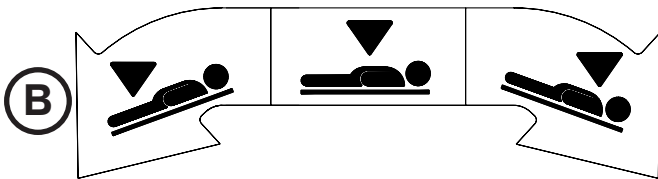


Figure 1: Stretcher Base Controls - Side Control



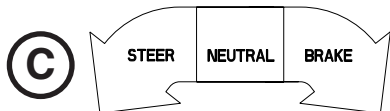
Pump pedal (A) to raise the litter



Depress the center of pedal (B) to lower both ends of the stretcher together.

Depress the side of pedal (B) closest to the foot end of the stretcher to lower the foot end.

Depress the side of pedal (B) closest to the head end of the stretcher to lower the head end.



Pedal (C) - Brake and Steer functions

Operation Guide

OPERATING BASE CONTROLS - 3-SIDED CONTROLS

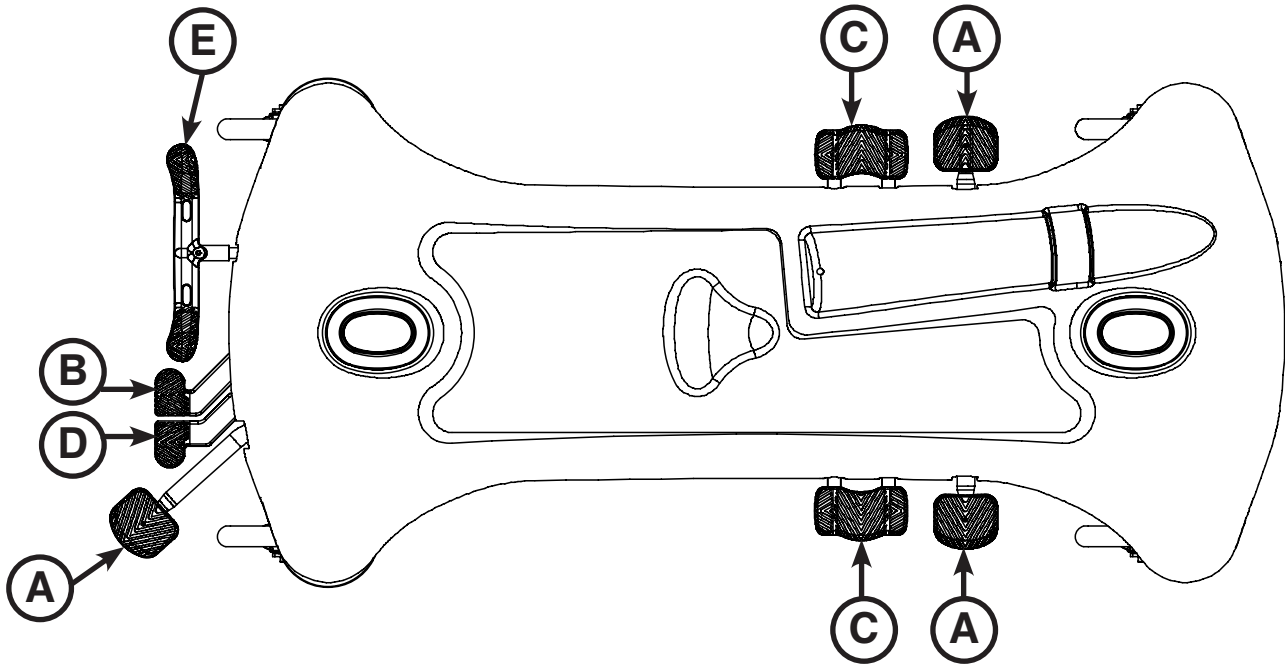

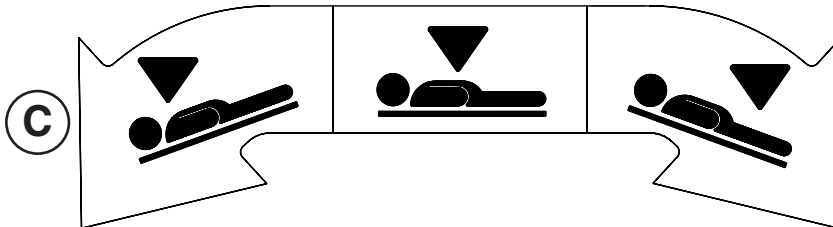


Figure 2: Stretcher Base Controls - 3-Sided Control

(A)  Pump pedal (A) at the foot end or sides of the stretcher to raise the litter

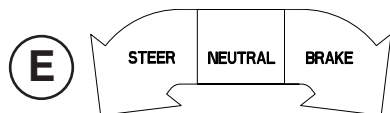


Depress pedal (B) or the side of pedal (C) closest to the head end of the stretcher to lower the head end of the stretcher.



Depress pedal (D) or the side of pedal (C) closest to the foot end of the stretcher to lower the foot end of the stretcher.

Depress in the center of pedal (C) or depress pedals (B) and (D) together to lower both ends of the stretcher together.



Pedal (E) - Brake and Steer functions (foot end)

Operation Guide

RAISING AND LOWERING LITTER HEIGHT - SIDE CONTROL

CAUTION

To avoid damage, remove 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 Figure 1 on [page 9](#)).

To lower both ends of the litter together, depress the center of pedal (B) (see Figure 1 on [page 9](#)).

To lower only the head end of the litter, depress the side of pedal (B) closest to the head end (see Figure 1 on [page 9](#)).

To lower only the foot end of the litter, depress the side of pedal (B) closest to the foot end (see Figure 1 on [page 9](#)).

Note: 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.

WARNING

- Patients should be discouraged from sitting directly on the ends of the stretcher. Excessive weight could cause the litter surface to tip up, possibly causing patient injury.
 - Leave the stretcher litter in the lowest position when the patient is left unattended. Leaving the litter in a raised position could increase the chance of patient falls and injury.
-

RAISING AND LOWERING LITTER HEIGHT - 3-SIDED CONTROLS

CAUTION

To avoid damage, remove 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 Figure 2 on [page 10](#)).

To lower both ends of the litter together, depress pedal (B) and (D) together using the same foot or depress in the center of pedal (C) (see Figure 2 on [page 10](#)).

To lower only the head end of the litter, depress pedal (B) or the side of pedal (C) closest to the head end (see Figure 2 on [page 10](#)).

To lower only the foot end of the litter, depress pedal (D) or the side of pedal (C) closest to the foot end (see Figure 2 on [page 10](#)).

Note: 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.

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Operation Guide

ADJUSTING TRENDELENBURG/REVERSE TRENDELENBURG POSITIONS - SIDE CONTROL

Note: Litter height must be raised first in order to achieve a Trendelenburg or reverse Trendelenburg position.

 **CAUTION**

To avoid damage, remove any equipment that may be in the way before raising or lowering the litter height.

For Trendelenburg positioning (head down), depress the side of pedal (B) closest to the head end (see Figure 1 on [page 9](#)).

For Reverse Trendelenburg positioning (foot down), depress the side of pedal (B) closest to the foot end (see Figure 1 on [page 9](#)).

Note: The higher the litter is before pedal (B) is activated, the greater the Trendelenburg or reverse Trendelenburg angle will be. (Maximum Trendelenburg angle is +18°. Maximum reverse Trendelenburg angle is -18°.)

ADJUSTING TRENDELENBURG/REVERSE TRENDELENBURG POSITIONS - 3-SIDED CONTROLS

 **CAUTION**

To avoid damage, remove any equipment that may be in the way before raising or lowering the litter height.

For Trendelenburg positioning (head down), depress pedal (B) or the side of pedal (C) closest to the head end (see Figure 2 on [page 10](#)).

For Reverse Trendelenburg positioning (foot down), depress the side of pedal (B) depress pedal (D) or the side of pedal (C) closest to the foot end (see Figure 2 on [page 10](#)).

Note: The higher the litter is before pedal (B) is activated, the greater the Trendelenburg or reverse Trendelenburg angle will be. (Maximum Trendelenburg angle is +18°. Maximum reverse Trendelenburg angle is -18°.)

Operation Guide

APPLYING THE BRAKE SYSTEM

Note: For user convenience, a brake/steer control 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 that 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.

To engage the brakes on the head end, push fully down on the left side of pedal (A) as shown in Figure 3.

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.

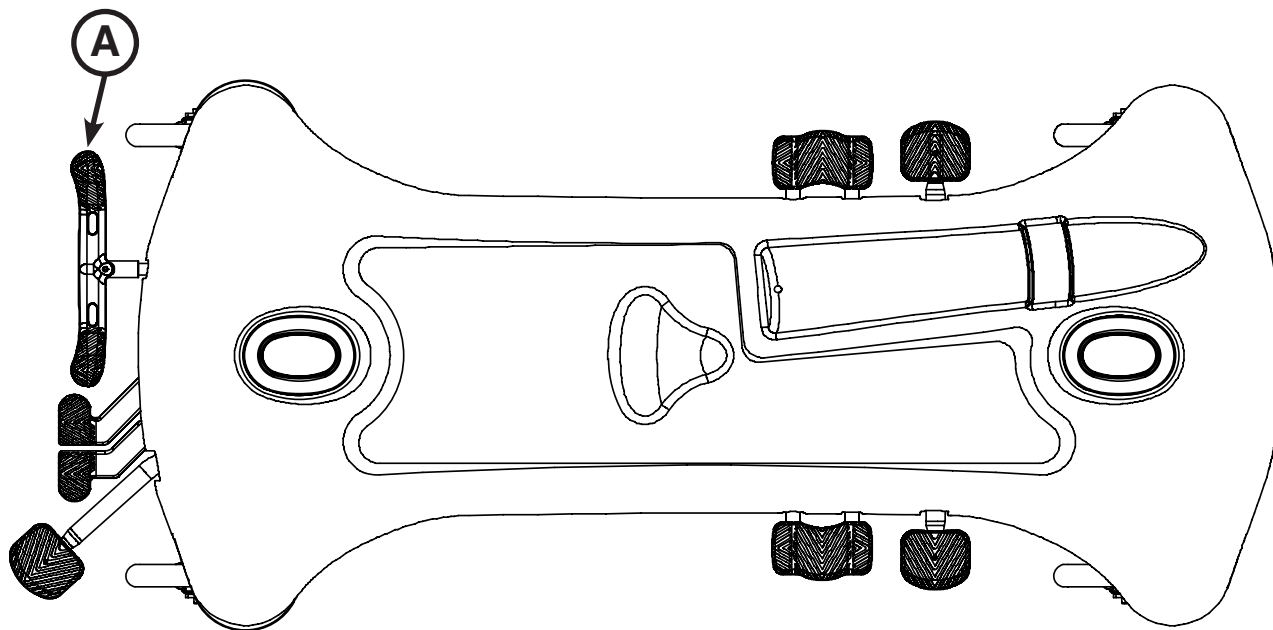


Figure 3: Brake System

OPERATING THE FIFTH WHEEL OPTION

WARNING

Make sure that the brakes are completely released before attempting to move the unit. Attempting to move the unit with the brakes actuated could result in injury to the user and/or patient.

The fifth wheel guides the stretcher along a straight line during transport and pivots the stretcher around corners.

To operate the fifth wheel, push the side of any brake/steer pedal marked STEER to the full down position.

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Operation Guide

OPERATING THE SIDERAILS

Note: Raising and lowering the siderails safely is a two-handed operation. Use one hand to hold and position the siderail and the other hand to operate the siderail latch.

To raise the siderails, pull up on the siderail (A) and raise it to the full up position until the latch (B) engages as shown in Figure 4.

WARNING

After raising the siderails, pull firmly on the siderail to ensure it is securely locked into the up position. Siderails are not intended to serve as a patient restraint device to keep patients from exiting the unit. Siderails are designed to keep a patient from inadvertently rolling off the unit. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain in place. Failure to utilize the siderails properly could result in patient injury.

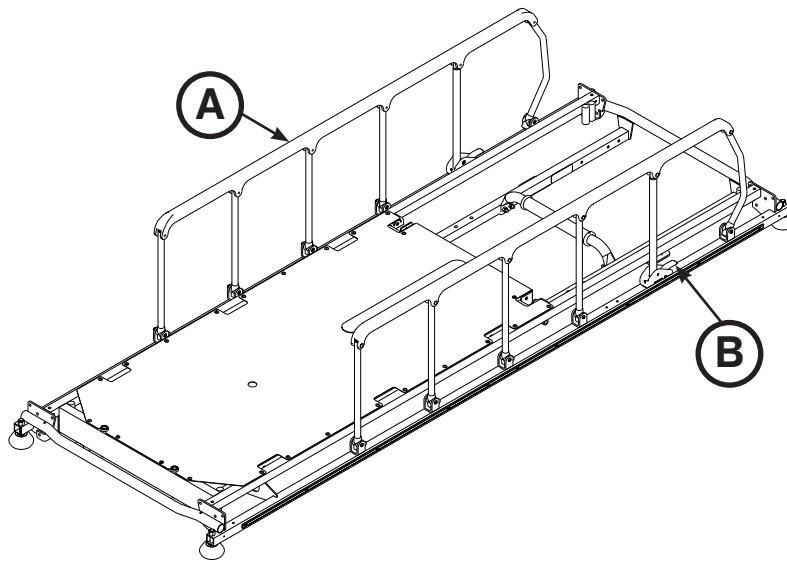


Figure 4: Siderails

To lower the siderails, pull up on the latch (B) and guide the siderail to the full down position as shown in Figure 4. The latches (B) are colored yellow for easy identification.

WARNING

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

CAUTION

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

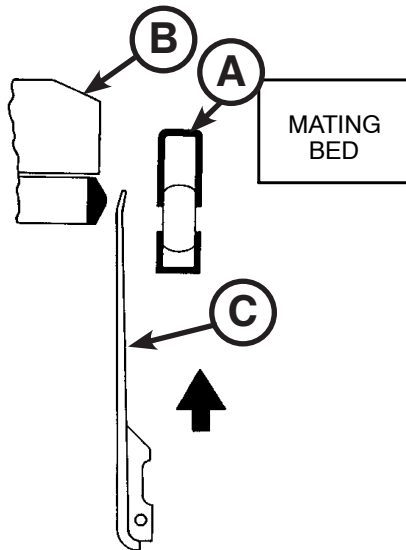
Make sure that the siderail latching mechanism is working properly at all times. If it is not, see the stretcher maintenance manual for "Siderail Latch Adjustment".

Operation Guide

TRANSFERRING A PATIENT WITH THE OPTIONAL PATIENT TRANSFER BOARD

WARNING

When using the transfer board to transfer a patient from one patient support platform (for example, bed, stretcher, gurney, operating table) to another, always lock the brakes on both patient support platforms. Make sure that the transfer board is placed securely on the surface of the patient support platforms. The patient support platforms and surfaces must be at the same height before the patient is transferred.



To transfer a patient with the patient transfer board:

Note: The transfer board (C) is located between the siderail (A) and the mattress (B) as shown in Figure 5.

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.

Note: Make sure that 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 PATIENT TRANSFER BOARD AS AN ARMBOARD

To use the transfer board as an armboard (Figure 6):

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 transfer 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.

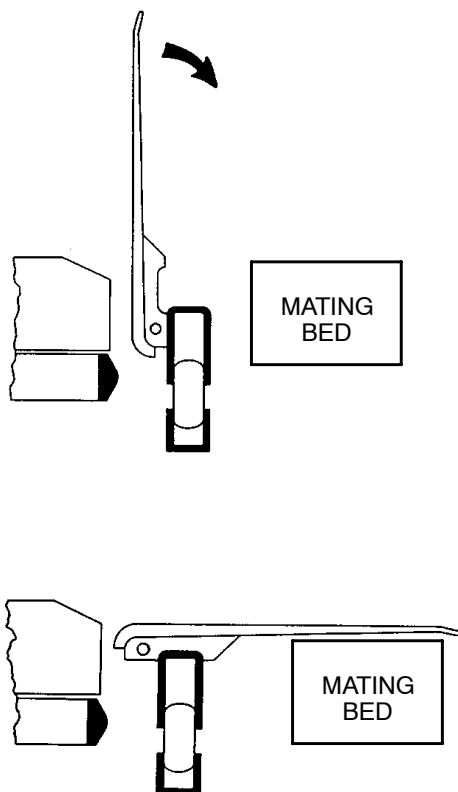


Figure 5: Transfer Board

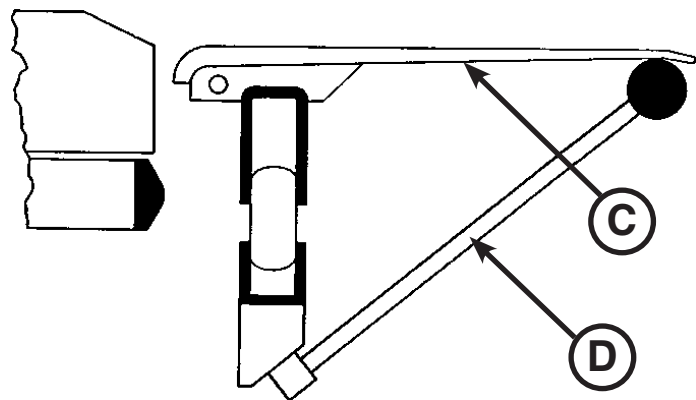


Figure 6: Transfer Board as an Armboard

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Operation Guide

OPERATING THE OPTIONAL CRANK FOWLER/OPTIONAL CRANK 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.

To raise the fowler, turn the crank handle (A) clockwise.

To lower the fowler, turn the crank handle (A) counterclockwise.

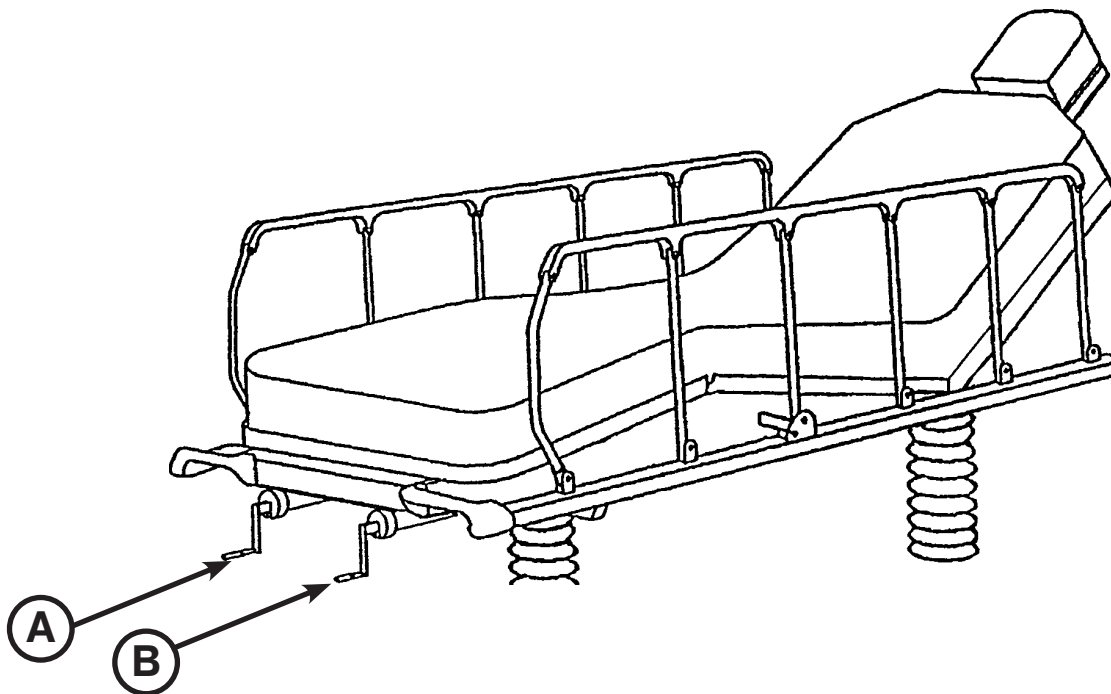


Figure 7: Fowler and Gatch Crank Handles

To raise the gatch, turn the crank handle (B) clockwise.

To lower the gatch, turn the crank handle (B) counterclockwise.

Note: The stretcher may have a stationary foot end instead of a gatch.

Operation Guide

OPERATING THE PNEUMATIC FOWLER

To lift the fowler, squeeze the red fowler handles (A & B) for pneumatic assist until the fowler has reached the desired height as shown in Figure 8. Remove your hand(s) from the handle when the desired height is achieved.

To lower the fowler, squeeze the red fowler handles (A & B) and push down until the fowler has reached the desired height. Remove your hands from the handle when the desired height is achieved.

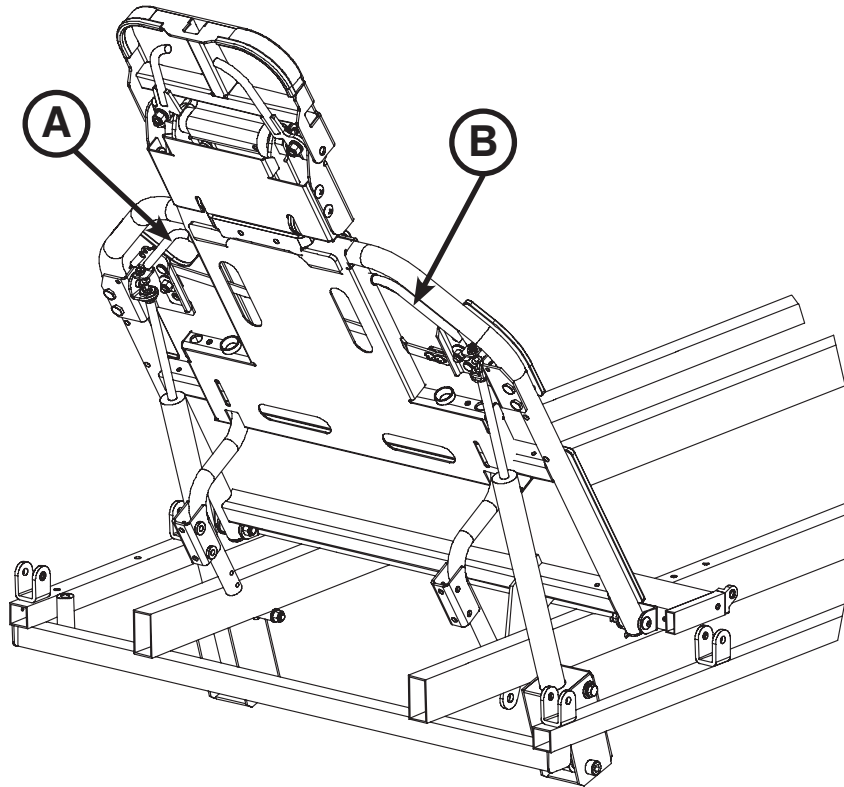


Figure 8: Pneumatic Fowler

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.
- 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.

If the pneumatic fowler is difficult to operate, see the stretcher maintenance manual for "Pneumatic Fowler Adjustment".

Operation Guide

OPERATING THE ENHANCED CLEARANCE HEAD PIECE

To operate the articulating head piece, grasp either handle under the head section and squeeze.

- Handle (A) releases one latch and rotates the head piece on axis "A".
- Handle (B) releases the other latch and rotates the head section on axis "B".

Note: For ease of operation, it is recommended to release only one latch at a time.

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.
- Do not reach between the side of the head extension and the articulating head piece to pull the release handle. Finger injury could result.
- To avoid possible pinch points when adjusting the head piece, keep your fingers away from the jointed areas.

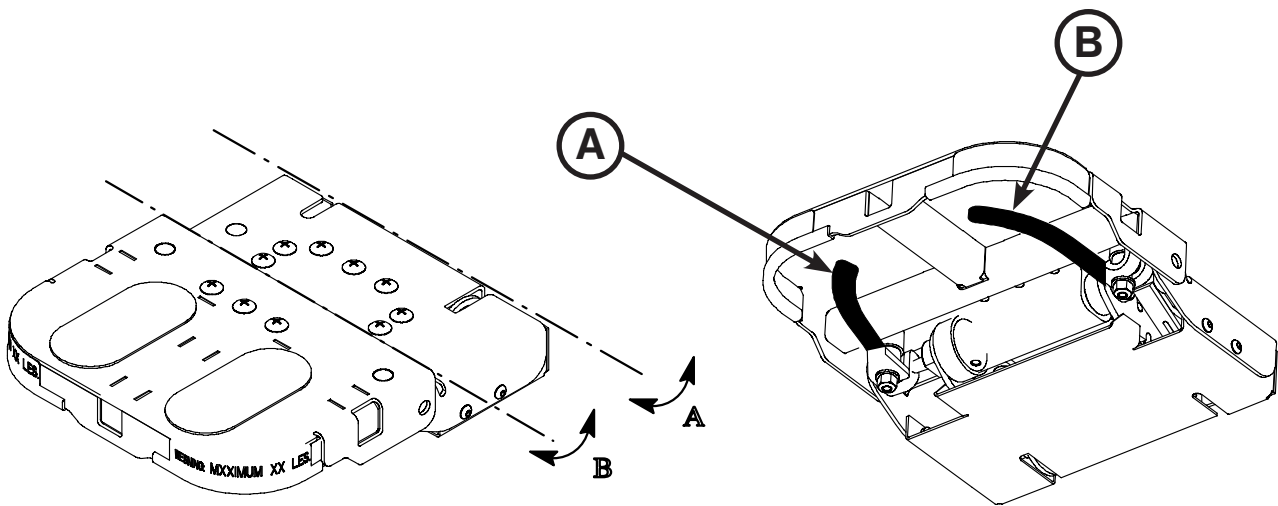


Figure 9: Fowler and Gatch Crank Handles

Operation Guide

USING THE OPTIONAL PRE-OP/POST-OP HEAD EXTENSIONS (CRANK FOWLER ONLY)

The Pre-Op/Post-Op head extensions provide additional litter surface to protect the patient's head during transport.

Note: The head extensions can be used as push handles when the stretcher is being moved.

To add the extensions to the litter:

1. Slide the extension tube into the receptacle tube on the side of the fowler frame.
2. Pivot the extension upward until it locks into place on the head piece frame.

To release the extension:

1. Pull the red knob (A) under the extension toward you.
2. Rotate the extension downward.
3. Pull the extension straight out of the socket.

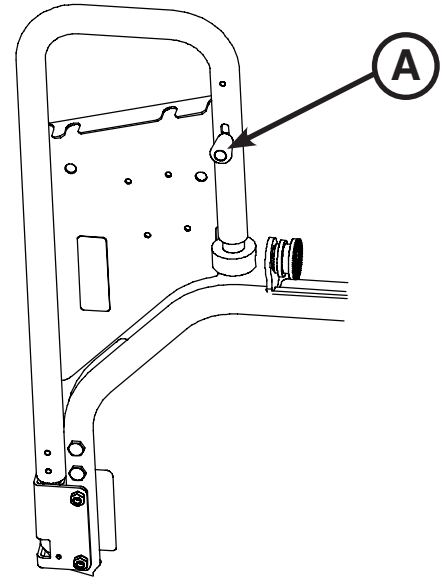


Figure 10: Head Extensions

USING THE OPTIONAL INFLATABLE HEAD SUPPORT CUSHION

The optional inflatable head support cushion has two internal air bladders to cushion and provide more stability for the patient's head.

To inflate the bladders, squeeze the bulb (A).

To deflate the bladders, press the release valve (B).

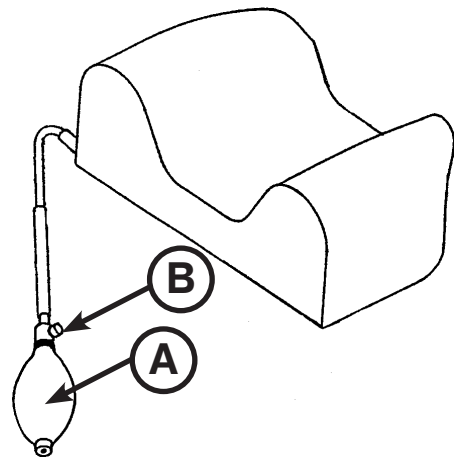


Figure 11: Head Support Cushion

Operation Guide

USING THE OPTIONAL WRIST RESTS

There are two optional wrist rests available:

- Standard (1)
- Temporal (2)

To use the wrist rest:

1. Insert the support tube (A) into the socket in the fowler head piece assembly.
2. Turn the knob (B) clockwise to secure the wrist rest assembly.

To adjust the height of the wrist rest:

- Turn the knob (C) counterclockwise to loosen it.
- Raise or lower the wrist rest to the desired height.
- Turn the knob clockwise to tighten it and hold the wrist rest in place.

Note: The "U" shaped rest (D) can be pivoted up and away from the patient when the wrist rest is not in use.

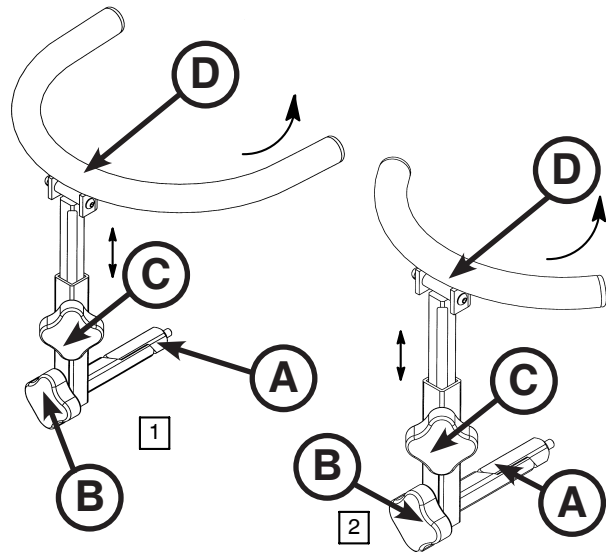


Figure 12: Wrist Rests

USING THE 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 located inside of the flexible support tube.

Place the mounting tab (A) into the I.V. receptacle at the head end of the stretcher and insert the oxygen delivery line into the oxygen tube receptacle (B).

Note: The assembly can be adjusted for maximum patient comfort.

CAUTION

The maximum PSI level for the drape support/oxygen tubing is 20 PSI (1.38 Bars/140 KPA).

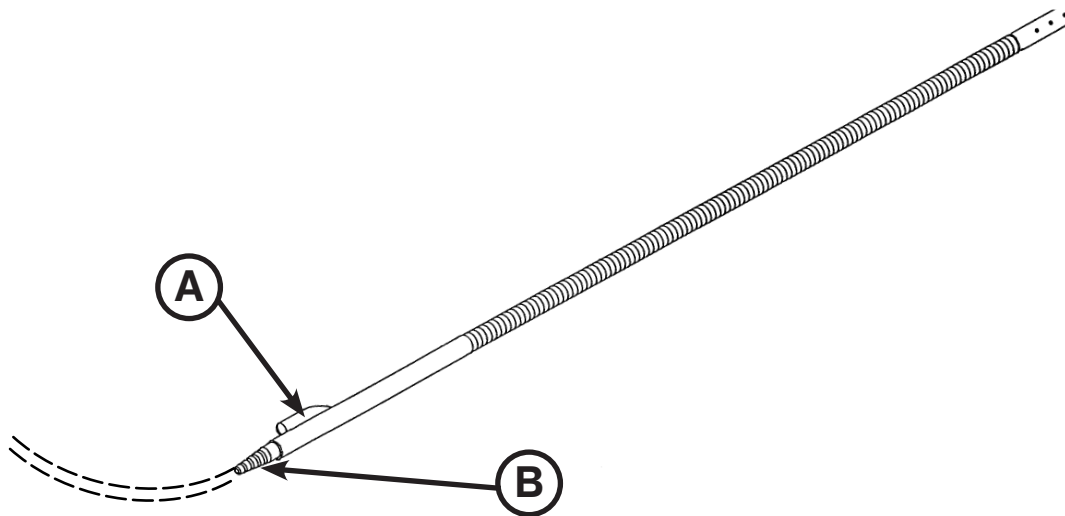


Figure 13: Oxygen Tubing

Operation Guide

OPERATING THE OPTIONAL TWO-STAGE PERMANENTLY ATTACHED I.V. POLE

Note: The two-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 that the stretcher was purchased.

To use the two-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) until section (A) lowers.

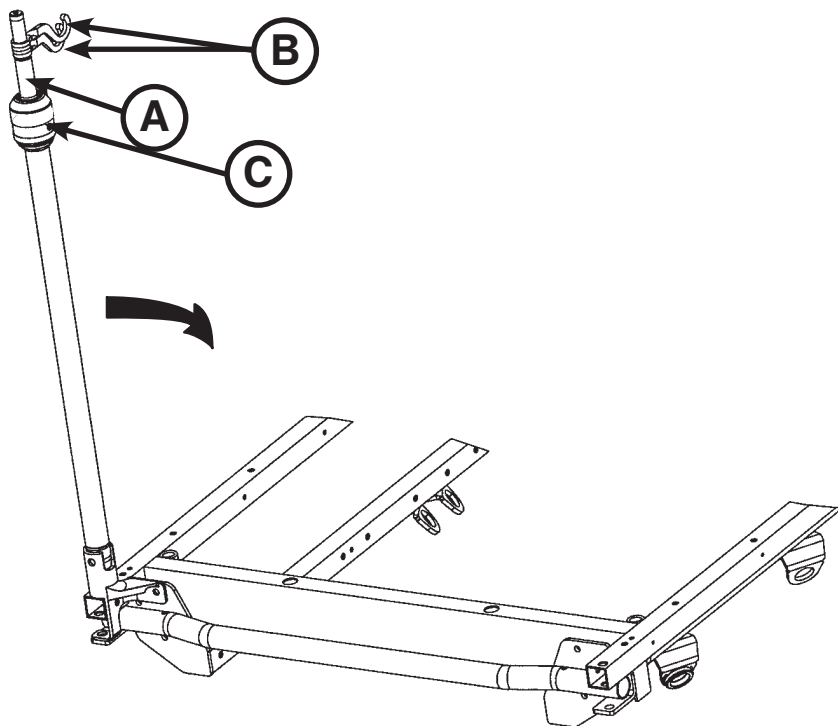


Figure 14: I.V. Pole

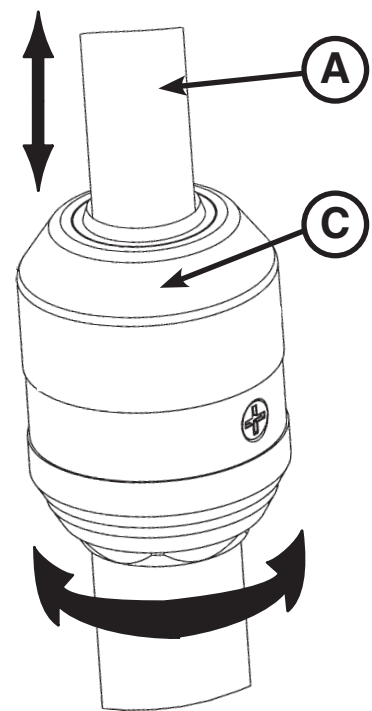


Figure 15: I.V. Pole Latch Detail

CAUTION

- To avoid damage, the weight of the I.V. bags should not exceed 40 pounds.
- To avoid damage while transporting the stretcher, verify that the I.V. pole is at a low enough height to allow it to safely pass through door openings and under light fixtures.

Operation Guide

OPERATING THE OPTIONAL THREE-STAGE PERMANENTLY ATTACHED I.V. POLE

Note: The three-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 that the stretcher was purchased.

To use the three-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 any 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) until section (A) lowers.

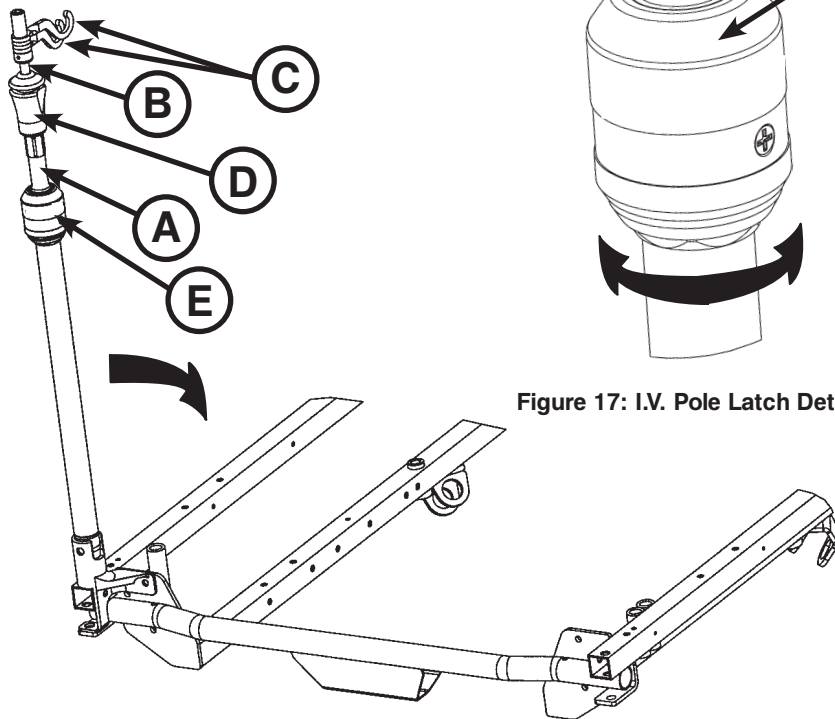


Figure 16: I.V. Pole

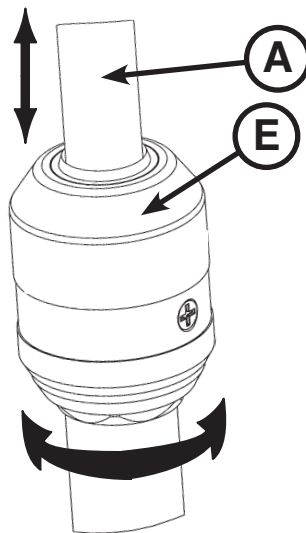


Figure 17: I.V. Pole Latch Detail

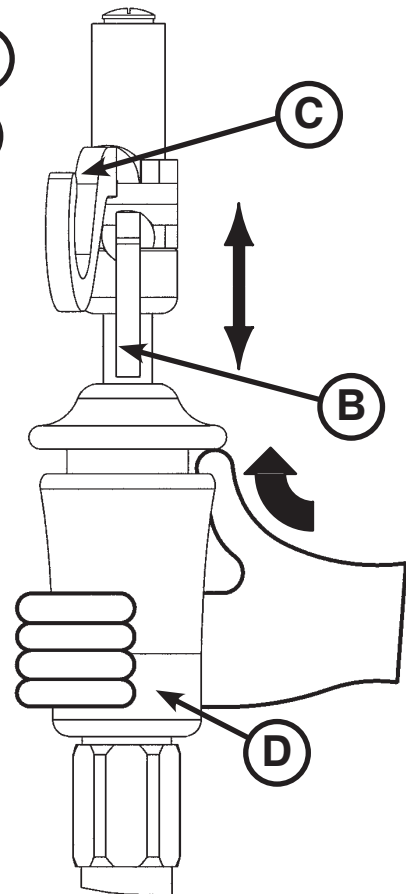


Figure 18: I.V. Pole Grip Detail

CAUTION

- To avoid damage, the weight of the I.V. bags should not exceed 40 pounds.
- To avoid damage while transporting the stretcher, verify that the I.V. pole is at a low enough height to allow it to safely pass through door openings and under light fixtures.

Operation Guide

USING THE OPTIONAL FOOT EXTENSION/DEFIBRILLATOR TRAY

To use as a defibrillator tray, pull out the top knob (A) and pivot the tray (B) over the foot extension (C) until the tray extends flat over the foot end of the stretcher as shown in Figure 19.

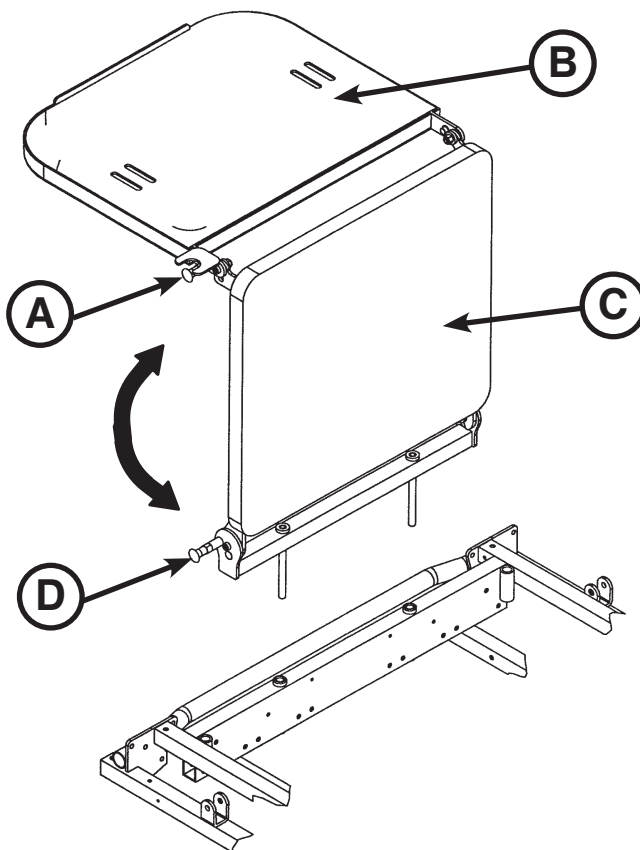
To use as a foot extension, pull out knob (A) and pivot the defibrillator tray back until it locks against the foot extension (C). While holding onto the assembly, pull out the bottom knob (D) and lower the foot extension down until it is flat as shown in Figure 19.

CAUTION

- If the stretcher is equipped with the optional foot end I.V. pole, the I.V. pole must be in the raised position when the foot extension/defibrillator tray is installed. If the I.V. pole is not raised, the foot extension will not function properly and injury could occur.
- To avoid damage, do not put items weighing more than 30 pounds on the defibrillator tray.

WARNING

If the stretcher is equipped with the optional foot end push handles, use caution while the foot extension/defibrillator tray is installed to avoid pinching your fingers.



**Figure 19: Optional Foot Extension/
Defibrillator Tray - Foot End**

Operation Guide

USING THE OPTIONAL SERVING TRAY

To use the optional serving tray, pull out on either end of the serving tray to extend it to the proper width to fit on top of the stretcher siderails as shown in Figure 20.

To store the serving tray in the optional serving tray holder/foot board, push in both ends of the serving tray and slide it into holder as shown in Figure 21.

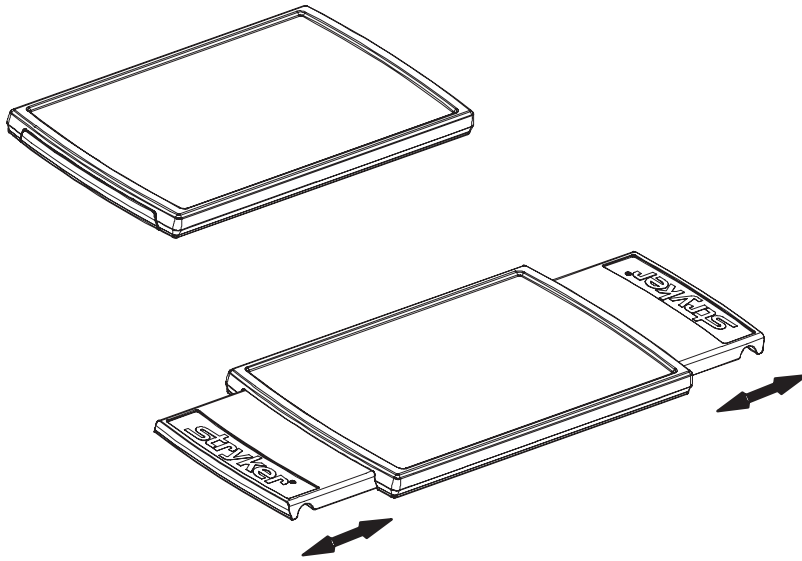


Figure 20: Optional Serving Tray

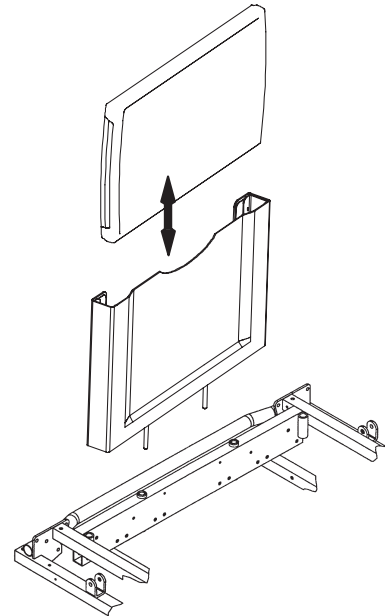


Figure 21: Optional Serving Tray - Foot End

 **CAUTION**

To avoid damage, do not put items weighing more than 30 pounds on the serving tray.

Cleaning

STRETCHER CLEANING

These instructions are intended to provide recommended cleaning methods for the Stryker Model 1079 Eye Surgery Stretcher.

RECOMMENDED CLEANING METHOD

Note: Follow the cleaning solution manufacturer's dilution recommendations exactly.

- Remove the mattress prior to washing the unit; do not wash the mattress with the stretcher.
- Wipe the unit with cleaning solution and water per manufacturer's recommended dilution.
- Dry thoroughly. Do not replace the mattress on the stretcher until the unit is completely dry.
- Before returning the unit to service, verify that all labels are intact and that the brake/steer pedal locks properly in both positions and check all components for proper lubrication.

DO NOT STEAM CLEAN, PRESSURE WASH, HOSE OFF OR ULTRASONICALLY CLEAN THE STRETCHER. Using these methods of cleaning are not recommended and may void this product's warranty.

RECOMMENDED CLEANERS

Suggested cleaners for stretcher surfaces:

Quaternary Cleaners (active ingredient - ammonium chloride).

Phenolic Cleaners (active ingredient - o-phenylphenol).

Chlorinated Bleach Solution (5.25% - less than 1 part bleach to 100 parts water).

Avoid over saturation and ensure the product does not stay wet longer than the chemical manufacturer's guidelines for proper disinfecting.

CAUTION

Some cleaning products are corrosive in nature and may cause damage to the product if used improperly. If the products suggested above are used to clean Stryker patient handling equipment, measures must be taken to ensure the stretcher is wiped with a damp cloth soaked in clean water and thoroughly dried following cleaning. Failure to properly rinse and dry the stretcher will leave a corrosive residue on the surface of the stretcher, 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.

Stretchers must have maintenance performed after a minimum of every fifth washing. See the maintenance manual for specific lubrication instructions.

Do not use abrasive cleaners to clean the display enclosure for the optional scale system. Do not allow cleaning solutions or other fluids to pool on the display unit. Wipe dry all surfaces after spills or cleaning.

Cleaning

MATTRESS CLEANING

These instructions are intended to provide recommended cleaning methods for stretcher mattresses.

RECOMMENDED CLEANING METHOD

- Hand-wash all surfaces of the mattress with warm water and mild detergent cleaner.
- Dry thoroughly.
- Apply disinfectant solution either by spray, solution or pre-impregnated wipes (do not soak mattress).
- Clean per hospital protocol for mattresses.
- Wipe up excess disinfectant.
- Rinse with clean water.
- Allow surface to dry.

RECOMMENDED DISINFECTANTS

IMPORTANT: DILUTE ALL DISINFECTANTS IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS

When used in concentrations recommended by the manufacturer, diluted bleach, diluted phenolic, or diluted quaternary germicidal disinfectants are recommended. Chlorine Bleach, typically 5.25% Sodium Hypochlorite, should be used at a dilution ratio of 1 part bleach to 10 parts water.

RINSE OFF CORROSIVE CLEANERS

These products are NOT considered mild detergents. They are corrosive in nature and may cause damage to your stretcher mattress if used improperly. Mattresses must be rinsed with clean water and dried thoroughly after using corrosives such as quaternary, phenolic, or chlorine bleach. Failure to properly rinse and dry the mattress leaves a corrosive residue on the surface, likely causing premature corrosion.

Iodophor type disinfectants are not recommended for use because staining may result.

The following table lists the recommended cleaner types for each mattress cover material (see definitions below):

	Vinyl Mattress Cover	Polyurethane Mattress Cover
Recommended	Phenolics	Quaternary, Quat/Isopropyl
Acceptable	Quaternary, Chlorine Bleach (1:10)	Chlorine Bleach (1:10)
Not Recommended	Quat/Isopropyl	Phenolics

Quaternary Cleaners: identified by ingredients containing the phrase "...yl ammonium chloride"

Quat/Isopropyl Cleaners: identified by a quaternary ingredient above plus isopropyl alcohol

Phenolic Cleaners: identified by ingredients containing the suffix "-phenol"

Chlorine Bleach: known generically as "Sodium Hypochlorite"

Cleaning

MATTRESS CLEANING (CONTINUED)

SPECIAL INSTRUCTIONS

Velcro	To clean and disinfect, saturate with disinfectant, rinse with water, and allow it to evaporate.
Soils or Stains	Use neutral soaps and warm water. Do not use harsh cleansers, solvents or abrasive cleaners.
Hard-To-Clean Spots	Use standard household/vinyl cleansers and a soft bristle brush on troublesome spots or stains. Pre-soak heavy, dried-on soil.
Laundering	Laundering is NOT RECOMMENDED. Laundering may substantially decrease the useful life of the mattress.

DO NOT STEAM CLEAN, PRESSURE WASH, HOSE OFF OR ULTRASONICALLY CLEAN MATTRESSES.

Using these methods of cleaning are not recommended and may void this product's warranty.

REMOVAL OF IODINE STAINS

1. Make a solution of 1–2 Tablespoons Sodium Thiosulfate in a pint of warm water and use it to wipe the stained area. Clean the stain as soon as possible after it occurs. If stains are not immediately removed, allow solution to soak or stand on the surface before wiping.
2. Rinse surfaces which have been exposed to the solution with clear water before returning mattress to service.

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

Preventative Maintenance

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.

- _____ All fasteners secure
- _____ Siderails move and latch properly
- _____ Engage brake pedal and push on the stretcher to ensure that all casters lock securely
- _____ Steer function working properly
- _____ All casters secure and swivel properly
- _____ Body restraints working properly
- _____ I.V. pole intact and operating properly
- _____ Oxygen bottle holder intact and operating properly
- _____ Fowler operating and latching properly
- _____ Optional articulating head piece locking and releasing properly
- _____ 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 ([page 29](#))
- _____ Accessories and mounting hardware in good condition and working properly

Product Serial Number:		

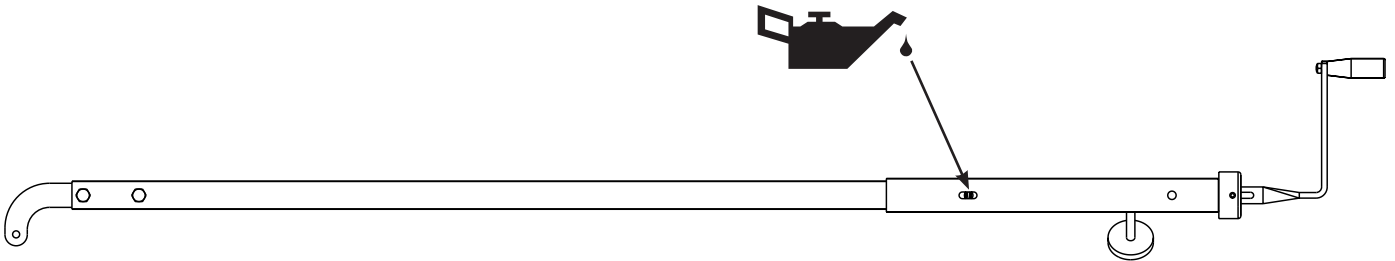
Completed by: _____ Date: _____

Preventative Maintenance

LUBRICATION POINTS

Crank Screw Assembly (1069-042-110)

With the fowler at 0 degrees, apply Syntech grease (3000-200-719) through the slot and hole in the crank screw assembly (as shown below). Wipe off excess grease.



Warranty

LIMITED WARRANTY

Stryker Medical Division, a division of Stryker Corporation, warrants to the original purchaser of the Stryker Model 1079 Eye Surgery Stretcher 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 Stretcher products are designed for a 10 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 Stretcher products will be free from structural defects for the expected 10 year life of the Stretcher 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.**

Warranty does not include any disposable items, I.V. poles (except for Stryker HD permanent poles), mattresses, batteries, or damage resulting from abuse.

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

Warranty

SERVICE CONTRACT PROGRAMS

Stryker offers the following service contract programs:

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

* 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, batteries, 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.**

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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