





Siemens Medical Solutions USA, Inc. 221 Gregson Drive, Cary, NC 27511

Customer: BRIGHAM AND WOMENS HOSPITAL Customer PO: PO Date:

City: BOSTON Contract#: 0035246625 Contract End date: 31-DEC-2024

State: MA X-Ray Registration Number: N/A

| CSE Name                    |                             |        | Employee#        |      | Notification# Func.l |        | c.Loc.#                    | System Description |                |         | Room# |
|-----------------------------|-----------------------------|--------|------------------|------|----------------------|--------|----------------------------|--------------------|----------------|---------|-------|
| KOPF,JOHN                   |                             | 29955  | 955 400112639450 |      | 400-2                | 289785 | 9785 SOMATOM Definition AS |                    |                | L1-CT2  |       |
| SVC Arri Date/Time/Day      | SVC Comp Date/Time/Day      | Effect | Cause            | Code | S/W Leve             | el     | Counter                    |                    | GTIN / Model # | Serial# |       |
| 06/04/2024 12:15<br>Tuesday | 06/04/2024 15:22<br>Tuesday | 1      | 1037             |      |                      |        |                            |                    | 4056869003665  | 64081   |       |

# Symptoms Reported / Reason for Service

What is the problem:

ICS boot

## **Corrective Action / Service Performed**

On arrival noted sys displaying windows message about restore monitor. Selected cancel and than normal boor windows 7.System came-up as expected and ran checkup. Restarted system several times to be sure of function. Ran several test scans after. checkup. Performed complete shutdown as well as system restarts 7-8 times without error. Due to reliability issues {DC-LINK Monday and BOOT issues Tuesday} I will return Wednesday AM as system is brought on line and observe function.

## Repair Hours Breakdown

|             | Covered hours | Non-Covered hours |
|-------------|---------------|-------------------|
| Regular     | 3.00          | 0.00              |
| Overtime    | 0.00          | 0.00              |
| Double Time | 0.00          | 0.00              |

# Report Sent to following Fax / Email:

none@siemens-healthineers.com ibwh5@bwh.harvard.edu JOHN.KOPF@SIEMENS-HEALTHINEERS.COM

| #   | Qty | Part # Installed | S/N In | Description | Туре | Qty | Part # Removed | S/N Out |
|-----|-----|------------------|--------|-------------|------|-----|----------------|---------|
| 1.  |     |                  |        |             |      |     |                |         |
| 2.  |     |                  |        |             |      |     |                |         |
| 3.  |     |                  |        |             |      |     |                |         |
| 4.  |     |                  |        |             |      |     |                |         |
| 5.  |     |                  |        |             |      |     |                |         |
| 6.  |     |                  |        |             |      |     |                |         |
| 7.  |     |                  |        |             |      |     |                |         |
| 8.  |     |                  |        |             |      |     |                |         |
| 9.  |     |                  |        |             |      |     |                |         |
| 10. |     |                  |        |             |      |     |                |         |

| #  | Test Equipment Used | Description | S/N | Calibration Expiration |
|----|---------------------|-------------|-----|------------------------|
| 1. |                     |             |     |                        |
| 2. |                     |             |     |                        |
| 3. |                     |             |     |                        |
| 4. |                     |             |     |                        |
| 5. |                     |             |     |                        |

## Indicate system was properly functioning and include test & inspection data, if applicable

Tests, checks, inspections and/or repairs have been performed in accordance with the specific service task. The system is functioning properly based upon completion of the specific service task undertaken by Siemens.

# This is not an Invoice

Your final invoice will reflect pricing based on your specific Service Agreement coverage and/or Labor Rates including the application of the Flat Travel Fee (FTF).

Customer Signature Date 06/04/2024

(Acknowledgement of Services Rendered)

# Dept/Title