



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

| | |
|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
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|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|--------------|-----------------|------------------------|
| SERVICE REQUEST | 1635594 | | |
| CONTACT | Emily Healy | TYPE | Preventive Maintenance |
| PHONE | 857-307-2053 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 01-04-2022 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1346150 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 01/2022 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2543509 | DHNGUYEN | 01-27-2022 11:08 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : Preventive Maintenance Resolution: PM completed per Manufacturer Specifications Preventive Maintenance Notes: PM completed per manufacturer specifications |
| 2543509 | DHNGUYEN | 01-27-2022 11:21 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : Preventive Maintenance Resolution: PM completed per Manufacturer Specifications Preventive Maintenance Notes: PM completed per manufacturer specifications |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1635594

| TIME LOG: | | | | | | | | |
|-----------|-----------|---------------------|---------|------------------|------------------|-------------|--|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | | |
| 2543509 | DHNGUY EN | PM_PREVENTIVE_MAINT | REGULAR | 01-19-2022 16:30 | 01-19-2022 21:00 | .5 | | |
| 2543509 | DHNGUY EN | PM_PREVENTIVE_MAINT | OT | 01-19-2022 16:30 | 01-19-2022 21:00 | 4 | | |
| | | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | |
|-------------|--|
|-------------|--|

| | | | |
|-------------|--|------|--|
| ACCEPTED BY | | DATE | |
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

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|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
|----------------|------------------------------------------------------------------|

| | |
|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|--------------|-----------------|------------------------|
| SERVICE REQUEST | 1662890 | | |
| CONTACT | Emily Healy | TYPE | Preventive Maintenance |
| PHONE | 857-307-2053 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 03-01-2022 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1385630 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 03/2022 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2584820 | DHNGUYEN | 03-30-2022 12:27 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : Preventive Maintenance Resolution: Preventive Maintenance PM completed per Manufacturer Specifications Notes: PM completed per manufacturer specifications |

| TIME LOG: | | | | | | | | |
|-----------|----------|---------------------|----|---------------------|---------------------|----------------|--|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | | |
| 2584820 | DHNGUYEN | PM_PREVENTIVE_MAINT | OT | 03-28-2022 17:00 | 03-28-2022 21:00 | 4 | | |
| 2586596 | DHNGUYEN | PM_TASK_DEBRIEF | OT | 03-28-2022 19:00 | 03-28-2022 19:15 | .25 | | |
| | | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1662890

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | |
|-------------|--|--|--|
|-------------|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

| | |
|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
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|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|--------------|-----------------|------------------------|
| SERVICE REQUEST | 1694538 | | |
| CONTACT | HAROLD TECH | TYPE | Preventive Maintenance |
| PHONE | 857-307-2053 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 05-02-2022 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1414583 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 05/2022 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----|---------------------|--|
| TASK | CE | NOTE LOG ENTERED | |

| TIME LOG: | | | | | | | | |
|-----------|--------------|-------------------------|---------|---------------------|---------------------|----------------|--|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | | |
| 2638394 | DHNGUY EN | PM_PREVEN TIVE_MAINT | REGULAR | 05-24-2022 10:00 | 05-24-2022 13:00 | 3 | | |
| 2638394 | DHNGUY EN | PM_PREVEN TIVE_MAINT | OT | 06-01-2022 19:15 | 06-01-2022 21:00 | 1.75 | | |
| | | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1694538

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | |
|-------------|--|
|-------------|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

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|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
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|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|--------------|-----------------|------------------------|
| SERVICE REQUEST | 1722082 | | |
| CONTACT | HAROLD TECH | TYPE | Preventive Maintenance |
| PHONE | 857-307-2053 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 07-01-2022 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1455606 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 07/2022 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2657153 | DHNGUYEN | 07-31-2022 18:04 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : Preventive Maintenance Resolution: PM completed per Manufacturer Specifications Preventive Maintenance Notes: PM completed per manufacturer specifications |

| TIME LOG: | | | | | | | |
|-----------|----------|----------------|----|---------------------|---------------------|----------------|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | |
| 2657153 | DHNGUYEN | PM_CALIBRATION | OT | 07-26-2022 17:00 | 07-26-2022 21:00 | 4 | |
| | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1722082

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | |
|-------------|--|--|--|
|-------------|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

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|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
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|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
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| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|-------------------------------|-----------------|----------------|
| SERVICE REQUEST | 1775820 | | |
| CONTACT | BOB BERGER | TYPE | General Repair |
| PHONE | 857-307-2054 or 8573072076 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 10-20-2022 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1467385 |

| PROBLEM SUMMARY TITLE: |
|-------------------------------------------------------------------------|
| DID WARM UP AND DID A QA IT HAS A RING ARTIFACT ON THE AXILE AND VOLUME |

| NOTE LOG: | | | |
|-----------|----------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2721535 | DHNGUYEN | 10-21-2022 04:23 | System Component: SSMD/DAS UNIT Diagnosis : See Customer Notes Resolution: Notes: Artifact found from QA scan. Small light white band found in axial and volume scan about 98 to 103 mm from the center of the image. Can not find artifact using DCA. NRA and AIR calibrate .5x350 and volume .5x320 for MFOV. QA protocol passed. No other problem report for the rest of the day. |

| TIME LOG: | | | | | | | | |
|-----------|----------|-----------|---------|---------------------|---------------------|----------------|--|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | | |
| 2721535 | DHNGUYEN | GR_REPAIR | REGULAR | 10-20-2022 08:30 | 10-20-2022 11:30 | 3 | | |
| | | | | | | | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1775820

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | | |
|-------------|--|--|--|--|
|-------------|--|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

| | |
|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
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|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|----------------|-----------------|------------------------|
| SERVICE REQUEST | 1780724 | | |
| CONTACT | TERRA FOSBERG | TYPE | Preventive Maintenance |
| PHONE | 1-857-307-2054 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 11-01-2022 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1510772 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 11/2022 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2724702 | DHNGUYEN | 11-25-2022 05:29 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : Preventive Maintenance Resolution: PM completed per Manufacturer Specifications Notes: PM completed per manufacturer specifications |

| TIME LOG: | | | | | | | |
|-----------|----------|---------------------|----|---------------------|---------------------|----------------|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | |
| 2724702 | DHNGUYEN | PM_PREVENTIVE_MAINT | OT | 11-22-2022 17:00 | 11-22-2022 21:00 | 4 | |
| | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1780724

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | |
|-------------|--|--|--|
|-------------|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

| | |
|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
|----------------|------------------------------------------------------------------|

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|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|----------------|-----------------|------------------------|
| SERVICE REQUEST | 1808458 | | |
| CONTACT | TERRA FOSBERG | TYPE | Preventive Maintenance |
| PHONE | 1-857-307-2054 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 01-03-2023 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1537951 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 01/2023 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2772549 | DHNGUYEN | 01-19-2023 14:34 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : Preventive Maintenance Resolution: PM completed per Manufacturer Specifications Preventive Maintenance Notes: PM completed per manufacturer specifications |

| TIME LOG: | | | | | | | |
|-----------|----------|---------------------|----|---------------------|---------------------|----------------|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | |
| 2772549 | DHNGUYEN | PM_PREVENTIVE_MAINT | OT | 01-17-2023 17:00 | 01-17-2023 21:00 | 4 | |
| | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1808458

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | |
|-------------|--|--|--|
|-------------|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

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CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

| | |
|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
|----------------|------------------------------------------------------------------|

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|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|----------------|-----------------|------------------------|
| SERVICE REQUEST | 1837284 | | |
| CONTACT | TERRA FOSBERG | TYPE | Preventive Maintenance |
| PHONE | 1-857-307-2054 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 03-01-2023 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1570862 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 03/2023 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2791293 | DHNGUYEN | 03-28-2023 05:59 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : Preventive Maintenance Resolution: Preventive Maintenance PM completed per Manufacturer Specifications Notes: PM completed per manufacturer specifications |

| TIME LOG: | | | | | | | |
|-----------|----------|---------------------|----|---------------------|---------------------|----------------|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | |
| 2791293 | DHNGUYEN | PM_PREVENTIVE_MAINT | OT | 03-20-2023 17:00 | 03-20-2023 21:00 | 4 | |
| | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1837284

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | |
|-------------|--|--|--|
|-------------|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

| | |
|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
|----------------|------------------------------------------------------------------|

| | |
|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|--------------|-----------------|----------------|
| SERVICE REQUEST | 1874452 | | |
| CONTACT | ABE HABOUB | TYPE | General Repair |
| PHONE | 857-307-2053 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 05-18-2023 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1570862 |

| PROBLEM SUMMARY TITLE: |
|-------------------------------|
| error in data transfer system |

| NOTE LOG: | | | |
|-----------|----------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2816112 | DHNGUYEN | 05-28-2023 12:00 | System Component: SSMD/DAS UNIT Diagnosis : Power Supply Issues Resolution: Adjusted Power Supply Calibration Replaced Part(s) Notes: Time de?brief in SR 1861194(Hard drive repair). Replacing 5 volts power supplies/ACC board. Replacing display computer image hard drive. The system is tested and turned over to the customer for normal use. |

| TIME LOG: | | | | | | | |
|-----------|----|-----------|--|---------------|----------|----------------|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | |
| | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1874452

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | |
|-------------|--|--|--|
|-------------|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

| | |
|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
|----------------|------------------------------------------------------------------|

| | |
|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|----------------|-----------------|------------------------|
| SERVICE REQUEST | 1866258 | | |
| CONTACT | TERRA FOSBERG | TYPE | Preventive Maintenance |
| PHONE | 1-857-307-2054 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 05-01-2023 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1610369 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 05/2023 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2809727 | DHNGUYEN | 06-09-2023 03:32 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : Preventive Maintenance Resolution: PM completed per Manufacturer Specifications Preventive Maintenance Notes: PM completed per manufacturer specifications |

| TIME LOG: | | | | | | | |
|-----------|----------|---------------------|----|---------------------|---------------------|----------------|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | |
| 2809727 | DHNGUYEN | PM_PREVENTIVE_MAINT | OT | 06-08-2023 17:00 | 06-08-2023 21:00 | 4 | |
| | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1866258

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | |
|-------------|--|--|--|
|-------------|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

*The estimates do not reflect Warranty, Contract or other applied discounts. Travel Zone charges and/or Tax, if applicable, will be added to the invoice. The Invoice may differ.



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

| | |
|----------------|------------------------------------------------------------------|
| SHIP TO | BRIGHAM AND WOMENS HOSPITAL 75 FRANCES ST BOSTON, MA 02115 |
|----------------|------------------------------------------------------------------|

| | |
|----------------|-------------------------------------------------------------------|
| BILL TO | MASS GENERAL BRIGHAM INC P O BOX 9127 CHARLESTOWN, MA 02129 |
|----------------|-------------------------------------------------------------------|

| SYSTEM INFORMATION: | | | |
|---------------------|-------------------------|----------|--------|
| MODEL | ONE-VISION-SERIES-V.000 | SID# | 352582 |
| ROOM | | NICKNAME | |

| SERVICE CALL INFORMATION: | | | |
|---------------------------------|----------------|-----------------|------------------------|
| SERVICE REQUEST | 1894664 | | |
| CONTACT | TERRA FOSBERG | TYPE | Preventive Maintenance |
| PHONE | 1-857-307-2054 | CONTRACT NUMBER | 84091-001 |
| TIME ZONE | EST | CUSTOMER PO# | |
| COVERED DOWNTIME(HH:MM) | 0:00:00 | OPEN DATE | 07-03-2023 |
| CONTIGUOUS DOWN TIME (HH:MM) | 0:00:00 | ROTATION | 1633782 |

| PROBLEM SUMMARY TITLE: |
|--------------------------------------------------------|
| 07/2023 PM FOR SID 352582 ITEM ONE-VISION-SERIES-V.000 |

| NOTE LOG: | | | |
|-----------|----------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TASK | CE | NOTE LOG ENTERED | |
| 2828552 | DHNGUYEN | 07-21-2023 11:02 | System Component: AQUILION ONE VISION EDITION 640 SERIES DYNAMIC VOLUME CT SCANNER WITH AIDR 3D Diagnosis : See Customer Notes Resolution: Notes: PM completed per manufacturer specifications |

| TIME LOG: | | | | | | | |
|-----------|----------|---------------------|----|---------------------|---------------------|----------------|--|
| TASK: | CE | TIME TYPE | | START TIME | END TIME | DUR (HOURS) | |
| 2828552 | DHNGUYEN | PM_PREVENTIVE_MAINT | OT | 07-20-2023 17:00 | 07-20-2023 21:00 | 4 | |
| | | | | | | | |

| TRAVEL-ZONE CHARGE: | | | | |
|---------------------|-----------------------|-----|--|--|
| ZONE | DESCRIPTION | QTY | | |
| ZONE-1 | ZONE 1 TRAVEL CHARGES | 1 | | |



CANON MEDICAL SYSTEMS USA, INC.

FIELD SERVICE REPORT

Service Request: 1894664

| MATERIALS LOG: | | | | |
|----------------|-------------|-----|--|--|
| PART# | DESCRIPTION | QTY | | |

| EXPENSE LOG: | | | | |
|---------------|-------------|-----|--|--|
| EXPENSE TYPE: | DESCRIPTION | QTY | | |
| | | | | |

| GRAND TOTAL | | | |
|-------------|--|--|--|
|-------------|--|--|--|

| ACCEPTED BY | | DATE | |
|-------------|--|------|--|
| SERVICED BY | | DATE | |

Charges indicated above are estimates based on List Prices

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