

**Redacted. Full documents available upon deposit.**

This is not an invoice

# GE Healthcare

# Service Report

Facility Name: [Redacted]      Service Request #: [Redacted]  
Equipment ID: [Redacted]      Serial #: [Redacted]      Service Type: Planned  
Product Description: DEFINIUM 8000 2 DETECTOR      Model: DEFINIUM 8000 2 DETECTOR      Initial Equip Status: Up  
Contact Name:      Contact Phone:      Contact Email:  
Problem Description: PM Dec 2018      Open Date/Time(ET): 16-Nov-2018 22:21  
Closed Date/Time(ET): 24-Dec-2018 10:51

**Labor:**

Activity#	Date	Start Time (ET)	End Time (ET)	Total Hours	Billable Standard Hours	Billable Overtime Hours	Billable Premium Hours
1-447890718896	20-Dec-2018	20-Dec-2018 13:30	20-Dec-2018 17:00	3.50	0.00	0.00	0.00
1-447890718896	24-Dec-2018	24-Dec-2018 09:00	24-Dec-2018 11:00	2.00			
Total Activity Labor Hours:				5.50	0.00	0.00	0.00
Total Service Request Labor Hours:				5.50	0.00	0.00	0.00

**Travel:**

Activity#	Date	Start Time (ET)	End Time (ET)	Total Hours	Billable Standard Hours	Billable Overtime Hours	Billable Premium Hours
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Activity#	Date	Start Time	End Time	Quantity	Rate	Amount	Total
1-447890718896	20-Dec-2018	20-Dec-2018 13:00	20-Dec-2018 13:30	0.50	0.00	0.00	0.00
1-447890718896	24-Dec-2018	24-Dec-2018 08:00	24-Dec-2018 09:00	1.00			
Total Activity Travel Hours:				1.50	0.00	0.00	0.00
Total Service Request Travel Hours:				1.50	0.00	0.00	0.00

**Parts:**

Activity#	Product Identifier	Product Description	Quantity	ListPrice/Part
No Parts Used.				

Activity #: 1-447890718896

Activity Type: Field Support

Final Equip Status: Up

Open Date/Time(ET): 16-Nov-2018 22:21

PO #:

Closed Date/Time(ET): 24-Dec-2018 10:50

Engineer Name:

Problem Found: PM

Action Taken: PM performed per the latest documentation.

Verification Details: OK.

