



Anesthetic Machine Service Authorization Form

send back to Amy Boekhout at alss@med.umich.edu to be signed up for service

Principal Investigator _____

Lab Contact _____

Email _____

Phone _____

Account Number to Be Used _____

Location of Anesthesia Machine _____

This authorization form is for the following services:

Certification of performance inspection. Includes:

1. Pressure check to determine leaks. Minor leaks will be repaired.
2. An analyzer will be used to confirm correct output of anesthetic gas
3. Flow rate will be checked and adjustments made

In house repairs and/or additional charges related to repairs

(Certification will NOT be issued if these minimum requirements are not met)

Machine type:

- Large re-breathing system with CO2 absorber:

Model _____
Model _____
Model _____
Model _____
Model _____
Model _____

Serial # _____
Serial # _____
Serial # _____
Serial # _____
Serial # _____
Serial # _____

Rodent vaporizer system:

Model _____
Model _____
Model _____
Model _____
Model _____
Model _____

Serial # _____
Serial # _____
Serial # _____
Serial # _____
Serial # _____
Serial # _____