Leak Test Procedure

To perform leak test...
A) Close APL (Scavenging /Adjustable Pressure Limiting) valve by turning knob clockwise.
B) Place thumb over patient connection of breathing circuit Y.
C) Remove breathing bag and cover bag port opening. (Use palm of hand that is covering Y.)
D) With oxygen (50-55 PSI [3.4-3.8 Bar]) supplied to anesthesia machine, slowly open flowmeter to register 30cm H2O on anesthesia machine pressure gauge.
E) Turn off flowmeter when pressure reaches 30cm H2O. (If pressure holds steady the system is leak free but if pressure drops, proceed to step (F).)
F) Slowly open flowmeter until pressure stabilizes at 30cm. H2O setting. (This determines the magnitude of the leak. If leak rate is greater than 300ml/min; proceed to step (G).)
G) Refer to page 2, “What if machine leaks?”
H) Replace reservoir bag. Repeat step (B) and steps (D) through (F). This will determine the integrity of breathing bag.

Flowmeter
APL Valve (Scavenging /Adjustable Pressure Limiting)
Pressure Gauge

Equipment Alert
Do not activate the oxygen flush during any part of this leak test.

Sodasorb®
Order #: 002-1761-00
Sodasorb® LF, Canister Pak, Case
Order #: 002-1762-00
Sodasorb® Standard, Canister Pak, Case
Order #: 002-1763-00
Sodasorb® LF, Pre-pak, Case
Order #: 002-1764-00
Sodasorb® Standard, Pre-pak, Case
Order #: 002-1765-00
Sodasorb® Standard, Bucket

Calling for Service
If service is required, contact your Midmark dealer.

To contact Midmark directly:
8:00am until 5:00 PM Monday through Friday (EST)
Customer Service 1-800-Midmark (1-800-643-6275), Fax 1-877-725-6495
Technical Service 1-888-279-1260, Fax 1-716-662-8440

Registration
To register your product warranty, go to www.midmark.com
To Operate Anesthesia Machine...
A) Loosen thumb screw to remove CO2 absorber canister. Fill canister with absorbent material, following directions on canister label. Be sure canister and gasket mating surface are completely free of absorbent. Replace canister in absorber assembly. Tighten thumb screw.
B) Connect breathing bag and breathing circuit.
C) Connect a 50-55 PSI (3.4-3.8 Bar) oxygen supply line to the oxygen supply fitting on the back of the flowmeter.
D) Adjust flowmeter and vaporizer settings to meet physiologic needs of the patient.
E) During anesthesia, monitor the pressure gauge, inhalation and exhalation valves, and the breathing bag. Make necessary corrections in flow rate, vaporizer setting, and Scavenging/Adjustable Pressure Limiting (APL) valve, to insure adequate depth of anesthesia and adequate ventilation of the patient.

What if Machine Leaks?
1) Breathing Bag - If leak occurs, replace.
2) Breathing Circuit - Install new breathing circuit or obstruct inhalation / exhalation openings to determine if leak originates from breathing circuit.
3) Vaporizer Fittings - Verify fittings and tubing are securely attached.
4) Canister Gasket - Check for loose absorbent grains between canister housing gasket.
5) Verify Canister is seated properly.
6) APL Valve - Remove valve and obstruct opening to determine if leak originates from APL valve. Check the o-ring under valve for damage.
7) O-Rings under dome and clamp. Check the o-rings for damage.

Maintenance Schedule

Before Every Surgery
A. Inspect.
Check machine connections and rubber parts for looseness, damage or wear. Replace as necessary.

B. Perform leak test.

Daily
A. Clean.
Remove breathing bag and breathing circuit. Wash with warm water and mild soap, rinse well. Hang to dry. Remove white disks from inhalation and exhalation valves. Wipe with soft cloth, wipe out valves and reassemble. Remove absorber canister, wipe off gaskets, canister and absorber housings.

Weekly
A. Change Absorbent Material.
Follow manufacturer’s recommendations for proper use of CO2 absorbents.

Annually
A. Service & Calibrate Vaporizer
Contact Dealer for details.

Every Two (2) Years
A. Replace Maintenance Components.
Replace components found in maintenance kit 91303017.

Equipment Alert
Never invert or tilt the vaporizer when it contains anesthetic liquid. Never overtighten the flowmeter needle valves, damage to the needle and seat will eventually result.

Breathing Bag

<table>
<thead>
<tr>
<th>Patient Weight</th>
<th>Bag Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 lbs or less (7kg)</td>
<td>500 ml</td>
</tr>
<tr>
<td>15-30 lbs (7-14 kg)</td>
<td>1 liter</td>
</tr>
<tr>
<td>30-60 lbs (14-27 kg)</td>
<td>2 liter</td>
</tr>
<tr>
<td>60-100 lbs (27-45 kg)</td>
<td>3 liter</td>
</tr>
<tr>
<td>100 + lbs (45 + kg)</td>
<td>5 liter</td>
</tr>
</tbody>
</table>

Note: For guidelines on induction and anesthesia techniques, or particular species physiologic requirements, etc., please refer to a veterinary anesthesia textbook.