











First Aid Industrial Medical (FAIM) and **Vital Resus** are pleased to be able to work together to assist clients in identifying any risks with your medical gas and resuscitation equipment and to service the same in order to meet all relevant Australian and Manufacturers Standards. To that end, we need your assistance by identifying your equipment and completing this document and returning it by fax or email to **FAIM** (details below) at your earliest convenience!

EQUIPMENT INFORMATION

Return Fax: 1300 790 717

Return Email: admin@faim.com.au

Relative Product	Product Details	Relative Product	Product Details
<p>'Bull nose' type Regulators</p> 	Manufacturer _____ Part/Model# _____ Serial/Batch # _____ Quantities _____ Notes / Comments _____ _____	<p>Ball or Gauge Type Flowmeters</p> 	Manufacturer _____ Part/Model# _____ Serial/Batch # _____ Quantities _____ Notes / Comments _____ _____
<p>Piston type Regulators</p> 	Manufacturer _____ Part/Model# _____ Serial/Batch # _____ Quantities _____ Notes / Comments _____ _____	<p>DVR's (Demand Valve Resuscitators)</p> 	Manufacturer _____ Part/Model# _____ Serial/Batch # _____ Quantities _____ Notes / Comments _____ _____
<p>Nebulisers or Suction Pumps</p> 	Manufacturer _____ Part/Model# _____ Serial/Batch # _____ Quantities _____ Notes / Comments _____ _____	<p>Bag Valve Mask Resus. (BVM's)</p> <p style="text-align: center;">Disposable YES Autoclavable YES</p> 	Manufacturer _____ Part/Model# _____ Serial/Batch # _____ Quantities _____ Notes / Comments _____ _____
<p>Oxy-Viva or Hard Pack 'type' Resuscitators</p> 	Manufacturer _____ Part/Model# _____ Serial/Batch # _____ Quantities _____ Notes / Comments _____ _____	<p>Soft Pack 'type' Resuscitators / Therapy Systems</p> 	Manufacturer _____ Part/Model# _____ Serial/Batch # _____ Quantities _____ Notes / Comments _____ _____

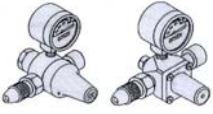





OTHER NOTES/SPECIAL REQUESTS

OTHER EQUIPMENT

Manufacturer _____	Manufacturer _____
Part/Model# _____	Part/Model# _____
Serial/Batch # _____	Serial/Batch # _____
Quantities _____	Quantities _____
Notes / Comments _____	Notes / Comments _____

If you have more than one item of the SAME particular types of equipment please use a SEPARATE PAGE for each.

SAFETY NOTICES. Whilst evaluating technical service you should also try to identify the most common Industry Safety Notices as posted below.

Relative product	Recall / Alert / Notice	Relative product	Recall / Alert / Notice
Mini Regulators 	<p>RELATIVE IMPORTANCE - EXTREME</p> <p>Outline: Serious Alert, High Pressure risk and explosion.</p> <p>REPLACE ASAP</p> <p>Ref: NSW WorkCover Authority</p>	Air – Viva 2  By: Manufacturers Cigweld Ref.: TGA	<p>RELATIVE IMPORTANCE - MEDIUM</p> <p>Outline: Range withdrawn 1996, spare parts 2000. It is recommended the AV2 be taken out of service because of the eventual long-term <u>breakdown of (yellow) Elastomeric Components.</u></p>
Aluminium Regulators 	<p>RELATIVE IMPORTANCE - HIGH</p> <p>Outline: Serious Alert, High Pressure risk and explosion.</p> <p>REPLACE ASAP</p> <p>By: Manufacturers Allied: FDA</p>	Series 'O' Regulator  By: Manufacturers Cigweld	<p>RELATIVE IMPORTANCE - MEDIUM</p> <p>Outline: Two Issues</p> <ol style="list-style-type: none"> 1. Pre 1986 Regulators <u>no longer serviceable</u> 2. <u>Potential loss of pressure setting</u>
Ezi-Flow 	<p>RELATIVE IMPORTANCE - MEDIUM</p> <p>Outline: Outer shrouds that have evidence of 'cracking' or 'crazing' <u>must be taken out of service</u> due to potential low pressure failure.</p> <p>By: Cigweld Ref.: TGA</p>	Twin-O-Vac Suction  By: Manufacturer Cigweld	<p>RELATIVE IMPORTANCE – LOW</p> <p>Outline: TWIN-O-VAC. Failures may occur if operators do not replace damp filters.</p> <p>Two bacteria filters (pictured) located at base of main body, under retaining cap.</p>











The majority of the above notices are available online at www.vitalresus.com however please indicate below if you wish for us to send any of these to you directly.

Fax **Safety Alert Request** to: 1300 790 717 or Email **Safety Alert Request** to : admin@faim.com.au

SAFETY NOTICES CHECK LIST (Please indicate (X) which notice & information you require)	MINI REGULATORS	AIR – VIV 2	ALUMINIUM REGULATORS	SERIES - O REGULATORS	EZY – FLOW FLOWMETER	TWIN-O-VAC SUCTION
More info e.g. Alerts-Notices						

OXY – VIVA AND SOFT PACK RESUSCITATOR PRE-SERVICE CHECK LIST

Oxy-Viva's and softpacks are a little more complicated to determine the level of service required. If you have these unit(s) please complete the checklist below as best you can.

Oxy-Viva	Explanation	Yes/No	Back – Pack or Softpack Resus or Therapy	Explanation	Yes/No
	Is your Oxy-Viva a model 2, 3 or 4 or other?			VR cannot service the material of the actual bags!	
	Is the regulator a 'mini-reg' (as pictured above)?			Can you identify the piston reg as detailed on page 1?	
	If not, please complete bull nose reg details on page 1			If there is a white high pressure hose, what is the date on it?	
	For Resus, do you have a Bag or a Manually Triggered or a Demand Valve Device?			For Resus, do you have a Bag or a Manually Triggered or a Demand Valve Device?	
 	If so, please complete details on page 1.			If so, please complete details on page 1.	
	The white high pressure hose should have a date on it, what is the date?			Does your unit have suction?	
 	Does your unit have suction?			Manual? Yes /No	
	Manual? Yes /No		 	Oxygen powered? Yes /No	
	Oxygen powered? Yes /No				



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CONTACT INFORMATION

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Return Email: admin@faim.com.au

SITE IDENTIFICATION NAME: _____

SITE ADDRESS (PHYSICAL): _____

SITE ADDRESS (POSTAL): _____

SITE CONTACT NAME: _____

SITE CONTACT POSITION: _____

SITE CONTACT PHONE NO. LANDLINE: Area Code (___) NUMBER: _____

SITE CONTACT PHONE NO. FAX: Area Code (___) NUMBER: _____

SITE CONTACT PHONE NO. MOBILE: _____

SITE CONTACT EMAIL ADDRESS: _____@_____

*(please print clearly and ensure you check if the address ends in **au** or not)*

BEST SITE SERVICING DAYS: Monday Tuesday Wednesday Thursday Friday *(circle)*

MOST SUITABLE TIME: AM approximately 8 9 10 11 12 PM approximately 1 2 3 4 5 6

WHO IS THE **INVOICE TO BE ADDRESSED TO?** _____

THEIR POSITION: _____

THEIR ADDRESS: _____

State: _____ **Postcode:** _____

CONTACT PHONE NO. LANDLINE: Area Code (___) NUMBER: _____

THEIR EMAIL ADDRESS: _____@_____

TERMS & CONDITIONS

I understand that Vital Resus will Invoice me for the cost of servicing my equipment and replacing parts associated to same.

I understand that FAIM First Aid Industrial Medical will Invoice me separately for the cost of consumables (see attached list), replacement or new equipment, new or replacement bags and other items not directly associated with the actual service of the Oxygen or Medical Gas equipment.

I understand that the Invoice/s is/are payable **21 days from date of invoice** and that no statement will be issued.

I understand that where travel exceeds normal town boundaries that I will incur a travel cost based on ATO guidelines at that time.

I understand that where equipment is recommended to be replaced and it is not that neither FAIM nor Vital Resus will hold responsibility or liability for said equipment should any damage occur to property or person.

Signed _____ **Date** _____

Position: _____

FAIM First Aid Industrial Medical, 65a Victoria Street, Taree NSW 2430



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BASE INDICATIVE PRICING INFORMATION

Type of Regulator Service	Base Price (plus GST)	Warranty Guarantee
Annual service of a Multiflow regulator	\$ 54.23	Yes
3 yearly service of a Multiflow regulator	\$ 218.70	Yes
Annual function test of a non-serviceable piston regulator	\$ 53.73	No
Annual service of a softpack BVM with a Multiflow regulator	\$ 87.23	Yes
Annual service of a Oxy-viva 3 or 4	\$ 220.19	Yes
3 yearly service of a Oxy-viva 3 or 4	\$ 348.13	Yes
6 yearly service of a Oxy-viva 3 or 4	\$ 379.81	Yes
Service of a Demand Valve Resuscitator (Head only)	\$ 262.50	Yes

All consumables charged separately per following list

Item Description	Price (GST Free)	Quantity
OXYGEN MASK THERAPY ADULT WITH TUBING	\$ 3.95	
OXYGEN MASK THERAPY NON REBREATHING ADULT WITH TUBING	\$ 4.95	
OXYGEN MASK THERAPY CHILD WITH TUBING	\$ 3.95	
OXYGEN TUBING 2M	\$ 2.90	
FILTER BACTERIAL / VIRAL	\$ 8.15	
BODOCK WASHER (O RING)	\$ 1.95	
OXYGEN BAG RESUSCITATOR WITH MASK DISPOSABLE ADULT	\$ 51.95	
OXYGEN BAG RESUSCITATOR WITH MASK DISPOSABLE CHILD	\$ 51.95	
OXYGEN BAG RESUSCITATOR WITH MASK DISPOSABLE INFANT	\$ 51.95	
GUEDEL / ORAL AIRWAY Size 000	\$ 6.50	
GUEDEL / ORAL AIRWAY Size 00	\$ 6.50	
GUEDEL / ORAL AIRWAY Size 0	\$ 6.50	
GUEDEL / ORAL AIRWAY Size 1	\$ 6.50	
GUEDEL / ORAL AIRWAY Size 2	\$ 6.50	
GUEDEL / ORAL AIRWAY Size 3	\$ 6.50	
GUEDEL / ORAL AIRWAY Size 4	\$ 6.50	
GUEDEL / ORAL AIRWAY Size 5	\$ 6.50	
POCKET MASK WITH O2 PORT	\$ 29.00	
GLOVES NITRILE DISPENSER PACK 20 X LARGE	\$ 9.95	

FAIM First Aid Industrial Medical, 65a Victoria Street, Taree NSW 2430

GLOVES NITRILE DISPENSER PACK 20 LARGE	\$	9.95
GLOVES NITRILE DISPENSER PACK 20 MEDIUM	\$	9.95
GLOVES NITRILE DISPENSER PACK 20 SMALL	\$	9.95
GLOVES NITRILE DISPENSER PACK 20 X SMALL	\$	9.95
WATERLESS HAND GEL 125ml STOKO	\$	13.30
OUT OF SERVICE MT CYLINDER TAG	\$	0.55
FAIM CASUALTY ASSESSMENT REGISTER (TRIPLICATE)	\$	29.85
PEN	\$	1.10
ASTHMA POCKET CHAMBER MAYMED	\$	23.60
DISPRIN DIRECT ASPRIN 300MG SOLUABLE 24'S	\$	5.75
PENTHROX® *S4 (Double Combination Pack)	\$	71.48
NITROLINGUAL PUMP SPRAY (GLYCERYL TRINITRATE 400MG)	\$	33.50
VENTOLIN *S3 INHALER COMPLETE (SALBUTAMOL)	\$	12.70
GLUCOMETER ACCUCHEK INTEGRA KIT	\$	79.70
GLUCOMETER ACCUCHEK INTEGRA TEST STRIPS BOX 50	\$	28.90
GLUCOMETER SAFE T PRO LANCETS 200'S	\$	121.90
STETHOSCOPE LITTMANS CLASSIC II (All colours & Laser Engraved)	\$	132.00
SPHYG ANEROID PREMIUM	\$	69.80

EQUIPMENT QUOTATIONS PROVIDED ON REQUEST

Return Fax: 1300 790 717

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A delay of 1 minute in the provision of defibrillation after cardiac arrest results in a 10% reduction in survival rates.



PARTNERING TO SAVE LIVES



Easy Access

Easy CPR

Early Defibrillation

Early Advanced Care

EQUIPMENT & ACCREDITED TRAINING
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