



PREVENTIVE MAINTENANCE PLAN

MOUNTAIN WEST MEDICAL HEREBY AGREES TO SUPPLY PREVENTIVE MAINTENANCE TO:

Customer:

Address 1:

Address 2:

City:

State:

Zip:

- A QUALIFIED SERVICE REPRESENTATIVE SHALL PERFORM ALL SERVICE WORK.
- ONE PREVENTIVE MAINTENANCE INSPECTION SHALL BE MADE APPROXIMATELY EVERY _____ DAYS.
- EACH PREVENTIVE MAINTENANCE INSPECTION AND ADJUSTMENT CALL PERFORMED IN ACCORDANCE WITH ESTABLISHED PROCEDURE SHALL INCLUDE AN INSPECTION OF ALL EQUIPMENT LISTED BY MODEL AND SERIAL NUMBER ON THE REVERSE SIDE OF THIS FORM. AT THIS TIME SUCH CORRECTIONS OR ADJUSTMENTS TO THE EQUIPMENT WILL BE MADE AS REQUIRED. THE FIELD REPRESENTATIVE WILL CALL TO THE ATTENTION OF THE PERSONNEL OF THE CUSTOMER ANY NEED FOR REPLACEMENT PARTS, AND IF THEY ARE THEN AVAILABLE IN CUSTOMER INVENTORY, WILL INSTALL THEM WITHOUT ADDITIONAL CHARGE. NECESSARY PARTS NOT IN CUSTOMER INVENTORY WILL BE ORDERED WITH CUSTOMER APPROVAL AGAINST A CUSTOMER PURCHASE ORDER. ALL LABOR INSPECTION, MINOR ADJUSTMENTS, AND INSTALLATION OF PARTS DURING SCHEDULED PREVENTIVE MAINTENANCE CALLS ARE INCLUDED IN THIS CONTRACT.
- THIS AGREEMENT DOES NOT INCLUDE FURNISHING OF REPLACEMENT PARTS OR MAJOR REPAIRS DUE TO NORMAL AGING OF THE EQUIPMENT NOT AFFECTED BY PREVENTIVE MAINTENANCE, ACTS OF GOD, AND RENOVATION OF EQUIPMENT.
- INCLUDED IS LABOR FOR REPAIR CALLS BETWEEN PREVENTIVE MAINTENANCE INSPECTIONS, WHICH ARE THE RESULT OF EQUIPMENT FAILURE OR NECESSARY ADJUSTMENTS OR RECALIBRATION.
- THIS CONTRACT DOES NOT INCLUDE ANY LABOR OR MATERIALS FOR SERVICE LINES, FITTINGS, OR EQUIPMENT, WHICH ARE NOT SET FORTH IN THE EQUIPMENT SCHEDULE LISTED ON THE REVERSE SIDE OF THIS FORM.
- THIS CONTRACT DOES NOT COVER TRAVEL OR LABOR FOR ANY CALL BACK TO VERIFY CORRECT OPERATION OF EQUIPMENT WHEN CUSTOMER'S VERIFICATION METHODS OR PRODUCTS (IE: CHEMICAL OR INTEGRATOR STRIPS) ARE FOUND TO BE DEFECTIVE. MOUNTAIN WEST MEDICAL WILL USE CALIBRATED MICROPROCESSOR THERMOMETER AND/OR CALIBRATED HEAT WELL AND/OR STERIGAGE (3M INTEGRATOR) TO VERIFY FUNCTION OF EQUIPMENT.
- OPERATING PROBLEMS RELATED TO ENVIRONMENTAL CONDITIONS SUCH AS, BUT NOT LIMITED TO, IMPROPER VOLTAGE OR IMPROPER STEAM AND WATER CONDITIONS, WHICH ARE BEYOND THE CONTROL OF OLD WEST MEDICAL REPAIR, AND REPAIRS NECESSARY AS THE RESULT OF NEGLIGENCE, LACK OF KNOWLEDGE, INCORRECT REPAIRS OR IMPROPER OPERATION OF THE EQUIPMENT BY THE CUSTOMER OR HIS OR ITS EMPLOYEES OR AGENTS, ARE LIKEWISE NOT COVERED BY THIS CONTRACT.
- WORK WILL BE PERFORMED DURING OUR REGULAR WORKING HOURS ON REGULAR WORKING DAYS. WORK PERFORMED AT OTHER HOURS OR DAYS AT CUSTOMER REQUEST WILL BE BILLED AT PREVAILING RATES AT THE TIME THE WORK IS DONE.
- THE ANNUAL FEE FOR THE ABOVE SERVICES IS \$ _____ DOLLARS PAYABLE IN ADVANCE AT THE RATE OF: \$ _____ QUARTERLY \$ _____ ANNUALLY \$ _____ OTHER. THE FEE FOR THIS SERVICE DOES NOT INCLUDE TAXES NOW OR HEREAFTER LEVIED AGAINST THE SERVICES OR MATERIALS FURNISHED. THESE SHALL BE ADDED TO THE FEE.
- THIS CONTRACT SHALL BECOME EFFECTIVE ON THE DATE IT IS APPROVED BY MOUNTAIN WEST MEDICAL. IT SHALL CONTINUE UNTIL TERMINATED BY EITHER PARTY ON THIRTY DAYS WRITTEN NOTICE. ALL SERVICE DUE WITHIN THE THIRTY-DAY PERIOD SHALL BE PERFORMED AND ALL AMOUNTS PAYABLE

THEREFOR SHALL BE PAID AS DESCRIBED IN THIS CONTRACT OR AS AMENDED, ANY PREPAYMENTS SHALL BE REFUNDED AT SUCH TERMINATION OF THE CONTRACT ON A PRORATED BASIS.

● THE ACCEPTANCE OF THIS CONTRACT BY MOUNTAIN WEST MEDICAL DOES NOT EXTEND LIABILITIES WHICH WOULD NOT NORMALLY OTHERWISE ASSUME, AND PARTICULARLY CARRIES NO REPRESENTATION OR WARRANTY, EXPRESSED OR IMPLIED.

● SPECIAL PROVISIONS:

● THIS CONTRACT TOGETHER WITH THE EQUIPMENT SCHEDULE LISTED ON THIS SIDE OF THIS FORM CONTAINS THE ENTIRE AGREEMENT BETWEEN MOUNTAIN WEST MEDICAL AND CUSTOMER.

APPROVED FOR MOUNTAIN WEST MEDICAL & LABORATORY

| | |
|-----------------|-------------------------------------|
| By: | Title: Customer Service Coordinator |
| Date Effective: | To: |

CUSTOMER APPROVAL

| | |
|-----------------|--------------|
| By (Signature): | Title: |
| Date signed: | Dept. P.O.#: |

EQUIPMENT SCHEDULE

| | SERIAL NUMBER | DESCRIPTION | LOCATION | ANNUAL COST |
|----|---------------|-------------|--------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| | | | TOTAL | \$0.00 |

SPECIAL INSTRUCTIONS: