

Copyright © 2006 by Ulco Medical All rights reserved.

No part of this publication may be reproduced in any form, in an electronic retrieval system or otherwise, without the written permission of the Ulco Medical.

All Ulco products are subject to a program of continuous development and the manufacturer reserves the right to make alterations in design and equipment without prior notice.

Document Number: TRA-UM-001 Version: 1.0



## TABLE OF CONTENTS

ANA	AESTHETIC MACHINE ACCEPTANCE PROTOCOL	3
AB8	00 ABSORBER TEST AND CALIBRATION CHECK LIST	6
ANT	I-HYPOXIC DEVICE – CALIBRATION	7
SER	VICE KIT DRAWINGS	8
**	MANIFOLD SERVICE KIT (A3057-99)	9
**	REGULATOR SERVICE KIT (RG1-99)	10
*	OXYGEN FAILURE ALARM SERVICE KIT (A3055-99)	11
*	VENTILATOR DRIVE SERVICE KIT (A3056-99)	12
**	ROTAMETER 3-TUBE SERVICE KIT (A3047-99)	13
*	ROTAMETER 5-TUBE SERVICE KIT (A5047-99)	14
**	AHD60 SERVICE KIT (AHD60-99)	15
**	AHD SERVICE KIT (AHD10-99)	16
**	2 x SELECTATEC BLOCK SERVICE KIT (A3046-99)	17
**	SELECTATEC BLOCK SERVICE KIT (A605-99)	18
**	SINGLE SELECTATEC BLOCK SERVICE KIT (A605-9)	
**	PATIENT BLOCK SERVICE KIT (A307-99)	20
**	SCAVENGER BLOCK SERVICE KIT (A3027-99)	21
**	ELITE 615 – 3 TUBE SERVICE KIT (A300-99)	22
**	ELITE 615 – 5 TUBE SERVICE KIT (A500-99)	23
**	SIGNET A.M. SERVICE KIT (A600-99)	24
**	INTEGRUS PSV A.M. SERVICE KIT (A800-99)	25
**	COMPACT ANAESTHETIC MACHINE - 3 TUBE (AC30-99)	26
**	FIELD ANAESTHETIC MACHINE SERVICE KIT (FAM100-99)	27
**	FAM100 ROTAMETER 2 TUBE SERVICE KIT (FAM114-99)	
**	FAM100 MANIFOLD SERVICE KIT (FAM112-99)	29
**	ABSORBER SERVICE KIT (AB200-99)	30
**	ABSORBER SERVICE KIT (AB300-99)	31
**	ABSORBER SERVICE KIT (AB800-99)	33
**	AB800C ABSORBER SERVICE KIR (AB800C-99)	
**	EV500 O-RING KIT (VE506-99)	35
**	VENTILATOR SERVICE KIT – COMPLETE (VE500-99)	
**	RESCU VENTILATOR SERVICE KIT (ER100-99)	
1.	CARE AND CLEANING OF THE WORKSTATION	
2.	CLEANING THE EV500 VENTILATOR	
3	CARE AND CLEANING OF ABSORBERS	
3.	1 Cleaning intervals	46
3.	2 Method for cleaning the AB800 Absorber:	46
	3.2.1 Method A.	46
	3.2.2 Method B.	

## ANAESTHETIC MACHINE ACCEPTANCE PROTOCOL

MAKE:	
MODEL:	
SERIAL NO.:	

## **BOTTLE SUPPLY**

Insta	<u>ll O<sub>2</sub> reserve cylinder supply only.</u>	
a.	Check O <sub>2</sub> pressure gauges for reading.	
b.	Check $O_2$ warning device is green.	
c.	Check O <sub>2</sub> reserve regulator pressure (350-360kPa). static	kPa
	adjust if necessary. Dynamic	kPa
d.	Check other outlets for pressure (cross connection).	
e.	Check rotameter banks for correct gas deliveries.	
f.	Check for leaks (no more than 1 division/minute on the	
	Pressure gauge)	
g.	When draining system ensure O2 alarm activates.	
Insta	ll Medical Air reserve cylinder supply only.	
a.	Check pressure gauges for correct reading.	
b.	Check Medical Air reserve regulator pressure (350-360kPa). static	kPa
	Adjust if necessary. Dynamic	kPa
с.	Check other outlets for pressure (cross connection).	
d.	Check rotameter banks for correct gas deliveries.	
e.	Check for leaks (no more than 1 division / minute on the pressure gauge).	
f.	Check O <sub>2</sub> warning light is correct (should be green when O <sub>2</sub> connected,	
	otherwise red). Check O2 warning device is red.	
Instal	ll $N_2O$ reserve cylinder supply only.	
a.	Check pressure gauges for correct reading.	
b.	Check N <sub>2</sub> O reserve regulator pressure (350-360 kPa). static	kPa
	Adjust if necessary.	kPa
c.	Check other outlets for pressure (cross connection).	
d.	Check rotameter banks for correct gas deliveries.	
e.	Check for leaks (no more than 1 division / minute on the pressure gauge).	
f.	Check $O_2$ warning device is red.	
Insta	ll O2 and N2O cylinder supplies.	
a.	Check pressure gauges for correct reading.	
b.	Check other outlets for pressure (cross connection).	
c.	Check the operation of the rotameter banks.	
d.	Check rotameter banks for correct gas deliveries.	
e.	Check for leaks (no more than 1 needle width).	
f.	When draining system ensure $O_2$ alarm activates.	
ROT	AMETER TEST	
Insta	ll all reserve cylinder supplies.	
a)	Connect Oximeter to Fresh Gas Outlet (FGO).	

b) c)	Open O <sub>2</sub> valve to 1 l/min, should read 100%. Open N <sub>2</sub> O valve fully should read no less than 23%. N <sub>2</sub> O should read 31/min (Check for accuracy of blends through full range of delivered mixes)	
d.	Shut O <sub>2</sub> . Should be no flow. Check using manometer. Check by occluding manometer at FGO	
e. f.	Open air should read 21%. Shut N <sub>2</sub> O and should read 21%.	
OXYO	GEN FAILURE WARNING	
a.	Connect pressure gauge to O <sub>2</sub> outlet.	
b.	Set oxygen flow to 2 l/min.	
С.	$N_2O$ should read 6 l/min.	
d.	Free processing $O_2$ supply.	
е.	240  kPa is reached in machine	
	An audible warning device should operate between 200-220 kPa.	
f.	$N_2O$ supply must be interrupted within 2 seconds from the start of the	
	alarmsecs	
g.	O <sub>2</sub> supply should be present for approximately 30-45 seconds.	
h.	Restore oxygen supply to machine, warning device will cease and oxygen	
	and nitrous oxide flow restored to original flows.	
DIDFI	INF SUDDI V	
Check	all inlets for correct indexing.	
Conne	ect $O_2$ pipeline supply only.	
a.	Check $O_2$ supply gauge reading pressure 415 kPa.	
b.	Check rotameter banks for correct gas delivery (O <sub>2</sub> only).	
c.	Check for leaks, e.g. yokes, outlets etc.	
d.	Check other outlets / inlets for pressure.	
Conne	ect Air pipeline supply only.	
a.	Check Air supply gauge reading pressure 415 kPa.	
b.	Check rotameter banks for correct gas delivery (Air only).	
c.	Check for leaks, e.g. yokes, outlets etc.	
d.	Check other outlets / inlets for pressure.	
Conne	ect N2O nineline only.	
<u>a</u> .	Check $N_2O$ supply gauge reading pressure 415 kPa.	
b.	Check rotameter banks for correct gas delivery (No reading).	
c.	Check for leaks, e.g. yokes, outlets etc.	
d.	Check other outlets / inlets for pressure.	
Conne	ect all gases on pipeline supply.	
a.	Connect Oximeter to FGO.	
b.	Open $O_2$ value to 1 Lpm, should read 100%.	
c.	Open $N_2O$ valve fully should read no less than 22%.	
d.	Check for correct reading through full range of delivered gases, $\sim 25\% \text{ O}_2$ .	
e.	Shut $O_2$ all flow should cease.	
f.	Open AIR, should read 21%.	
g.	Shut $N_2O$ and should read 21%.	

#### **FLOWMETERS** Ensure flowmeter controls move freely with full range of flows achievable a. as per increments on flowmeter tubes. Check that rotameter bobbins spin throughout range of flows. b. (take particular notice at low flows). Turn off flowmeter controls and check that the position of the bobbin in the c. rotameter tube is at zero and not spinning. Place a manometer gauge at fresh gas outlet. Occlude manometer. Ensure d. gauge reads zero. If gauge indicates flow, identify gas using O<sub>2</sub> analyser. **VENTILATOR CUT OFF** Place pressure gauge on ventilator outlet. a. Turn off O<sub>2</sub> supply. b. All pressure should cease to ventilator outlet at 200 kPa. c. SAFETY RELIEF VALVE Place manometer on FGO. a. b. Set O<sub>2</sub> to L/min. c. Occlude manometer. Safety valve should blow off at 50+2 cm H<sub>2</sub>O. Π Set O<sub>2</sub> at 100ml. Should obtain a reading greater than 40cm H<sub>2</sub>O. d. **EMERGENCY OXYGEN VALVE** Attach spirometer to FGO. a. Press emergency flush button for 15 seconds. b. Valve should read 35-75 L/min. Π c. **ABSORBER** Connect breathing tube Y-piece to bag outlet. (Closed system). a. Place manometer in series with expiratory tube and expiratory outlet. b. Turn $O_2$ rotameter on to achieve manometer reading greater than 40cm $H_2O$ . c. Reduce flow to 100ml of O<sub>2</sub>. Maximum allowable pressure drop of 13cm H<sub>2</sub>O $\Box$ d. in 30 seconds is allowable. Increase pressure above 40cm H<sub>2</sub>O. e. Open 'spill valve', pressure should reduce to 0cm H<sub>2</sub>O quickly. f. Check inspiratory and expiratory valves. g. Connect a 2L bag to Y-piece and a 2L bag to the reservoir outlet. h. П Pressurise system using flush valve. i. Squeeze bag alternatively. j. Ensure valve works in sequence and each bag is inflated alternately. k. **SCAVENGE** Connect scavenge circuit. a. Close spill valve. b. Inflate both bags using O<sub>2</sub> flush. c. Turn suction on and increase until scavenge indicator line sits in the centre of $\Box$ d. the ball bearing or a reading of a greater than -15kPa is read. Test lungs do not deflate completely when the spill valve is open. e.

## AB800 ABSORBER TEST AND CALIBRATION CHECK LIST

## METHOD 1

1.	CONNECT 400 kPa AIR LINE INTO THE TESTING ANAESTHETIC	
2. 3. 4. 5.	MACHINE. SET 1.0 LITRE OXYGEN ON THE FLOWMETER. MAKE SURE THE MANOMETER 100CM IS ON ZERO. CONNECT A 'U' HOSE (22mm) TO INSP/EXP CONNECTORS. PLUG THE BAG ARM WITH A RUBBER PLUG. CONNECT AIR INTO THE ABSORBER FRESH GAS INLET	
0. 7.	TURN ON THE AIR FROM THE PATIENT BLOCK.	
8. 0	SELECT KNOB TO MANUAL BAG.	
9. 10	OPEN THE APL VALVE FULLY	
11.	SET THE INTERNAL PLUNGER (SCREW) TO 2cm ON THE	
12	MANOMETER. CLOSE DOWN THE ADI VALVE	
12.	CLOSE DOWN THE APL VALVE. THE PRESSURE MUST READ 75 cm $H_{2}OON$ THE METER	
13. 14	FILL UP THE CANISTERS WITH AIR (5 SECONDS)	
15.	SHUT OFF THE AIR SUPPLY.	
16.	CHECK FOR ANY LEAKS ON THE MANOMETER.	
	(NOTE: IF ANY LEAKS OCCUR, SPRAY WATER ON ALL PLUGS. CHECK O-RINGS ON SPOOL/HEAD ASSEMBLY.	
17. 18. 19. 20.	TURN ON THE AIR SUPPLY AGAIN. SET FLOW TO O.3 L/MIN POSITION LEVER TO OFF. RELEASE THE LEVER ON THE CANISTER.	
21. 22.	CHECK FOR LEAKS. IT MUST HOLD ITS PRESSURE ON 40 cm H <sub>2</sub> O (NOTE: IF THERE IS A LEAK, THE SPOOL IS TOO LOOSE, IT MUST BE FIRM FIT AND CHANGED).	
23.	CONNECT THE ABSORBER TO A VENTILATOR, AND WHILE VENTILATING, OBSERVE THE OPENING OF THE INSPIRITORY SILICON SHUTTER VALVE DURING INSPIRATION, AND CLOSING DURING EXPIRATION.	
MET	THOD 2: INTERFACE CONNECTION	
1.	SWITCH THE KNOB TO OBSERVE POSITION (CLOSEPOSITION).	
2.	CONNECT AIR LINE PRESSURE ON TO THE M4 PUSH-IN FITTING.	
3.	TURN ON THE AIR.	
4.	THE MANOMETER SHOULD READ 60cm.	
5.	TURN OFF THE AIR SUPPLY AND CHECK FOR LEAKS.	
6.	THERE SHOULD BE NO LEAK, IF THERE IS A LEAK, CHECK THE RUBBER INSERT.	
7.	SWITCH TO THE VENTILATOR POSITION. THE MANOMETER MUST	

7. SWITCH TO THE VENTILATOR POSITION, THE MANOMETER MUST  $\Box$  LEAK (ON POSITION).

## ANTI-HYPOXIC DEVICE – CALIBRATION

- 1. Unscrew both needle valves fully (rear of the AHD).
- 2. Open oxygen knob fully.
- Close nitrous oxide fully. 3.
- Adjust Nitrous Oxide's 2<sup>nd</sup> stage regulator to maximum pressure. 4.
- Adjust Oxygen's 2<sup>nd</sup> stage regulator to zero (no flow). 5.
- Screw in N<sub>2</sub>O needle valve until bobbin drop (check with circuit pressure 6. manometer for leak... connect to patient outlet)
- 7. Open nitrous Oxide knob fully.
- 8.
- Close Oxygen knob fully. Adjust Nitrous Oxide's 2<sup>nd</sup> stage regulator to zero (no flow). Adjust Oxygen's 2<sup>nd</sup> stage regulator to maximum pressure. 9.
- 10.
- Screw in Oxy needle valve until bobbin drop (check with circuit pressure 11. manometer for leak... connect to patient outlet).
- Open Oxy flow control knob 3 full turn...adjust flow with 2<sup>nd</sup> stage regulator 12. to 10 l/min (lock regulator after).
- Set Oxy flow to 2 l/min. with control knob. 13.
- Set N2O flow to 6 l/min. with 2<sup>nd</sup> stage regulator (control knob must be fully 14. open).
- Check for 1 to 3 ratio, if not correct screw in gently N<sub>2</sub>O seat and increase 15. Pressure with 2<sup>nd</sup> stage N<sub>2</sub>O regulator, till correct flow is achieved on whole scale

Note: For correct ratio read manufacturer's specification and use oxygen analyser for final calibration...must read > 22% oxygen.

## SERVICE KIT DRAWINGS





## ✤ REGULATOR SERVICE KIT (RG1-99)



#### ♦ OXYGEN FAILURE ALARM SERVICE KIT (A3055-99)



OXY-FAILURE ALARM REPAIR KIT A3055-99 / A

## ♦ VENTILATOR DRIVE SERVICE KIT (A3056-99)



VENTILATOR DRIVE REPAIR KIT A3056-99 / A

## ✤ ROTAMETER 3-TUBE SERVICE KIT (A3047-99)



### ✤ ROTAMETER 5-TUBE SERVICE KIT (A5047-99)



## ✤ AHD60 SERVICE KIT (AHD60-99)



## ✤ AHD SERVICE KIT (AHD10-99)



## ◆ 2 x SELECTATEC BLOCK SERVICE KIT (A3046-99)



## SELECTATEC BLOCK SERVICE KIT (A605-99)



A605-99 / A

#### SINGLE SELECTATEC BLOCK SERVICE KIT (A605-9)



SELECTATEC BLOCK REPAIR KIT A605-9 / A

## ✤ PATIENT BLOCK SERVICE KIT (A307-99)





- 1 x OR5006 0 RING
- 1 x OR5007V O RING (VITON)
- 1 x A3056121 SPRING

## PATIENT BLOCK REPAIR KIT A307-99 / A

## SCAVENGER BLOCK SERVICE KIT (A3027-99)



#### ✤ ELITE 615 – 3 TUBE SERVICE KIT (A300-99)



#### ✤ ELITE 615 – 5 TUBE SERVICE KIT (A500-99)



#### SIGNET A.M. SERVICE KIT (A600-99)



- 24 -

#### ✤ INTEGRUS PSV A.M. SERVICE KIT (A800-99)



#### ✤ COMPACT ANAESTHETIC MACHINE – 3 TUBE (AC30-99)



3 GAS COMPACT A.M. REPAIR KIT AC30-99 / A

## ✤ FIELD ANAESTHETIC MACHINE SERVICE KIT (FAM100-99)



#### ✤ FAM100 ROTAMETER 2 TUBE SERVICE KIT (FAM114-99)



## ✤ FAM100 MANIFOLD SERVICE KIT (FAM112-99)



## REPAIR KIT USED 2 × OR5006 - 0 RING 2 × RG205 - DOWTY SEAL

# MANIFOLD REPAIR KIT FAM112-99 / A

✤ AB

## ABSORBER SERVICE KIT (AB200-99)



AB200 REPAIR KIT AB200-99 / B

## ✤ ABSORBER SERVICE KIT (AB300-99)





- 33 -

#### ✤ AB800C ABSORBER SERVICE KIR (AB800C-99)



#### ✤ EV500 O-RING KIT (VE506-99)



♦ VENTILATOR SERVICE KIT – COMPLETE (VE500-99)



RESCU VENTILATOR SERVICE KIT (ER100-99)



ER100 O-RING KIT ER100-99 / A

#### 1. CARE AND CLEANING OF THE WORKSTATION

For the workstation to work safely and reliably, it must have on-going, planned maintenance and cleaning.

The workstation itself requires little cleaning but the actions described in Section 1.1 should be performed at least daily or preferably after each procedure. Only **those** components in direct contact with expired patient gases, such as breathing circuits and breathing system components like absorbers, ventilator bellows and canisters will require regular disinfection. See the user manual for the particular accessory in order to determine how it should be disinfected. The workstation will require disinfection only if the exterior surfaces become directly contaminated; disinfection in such cases is described in Section 1.2.

**WARNING:** Always disconnect the workstation from the mains supply prior to carrying out maintenance and cleaning.

1.1 Cleaning

The machine must be disconnected from the mains before cleaning or disinfecting. The workstation's outer surfaces can be cleaned using a soft cloth and mild soap solution such as Lemex. Clean the following surfaces:

- Frame uprights and side panels
- Plastic surfaces (skirt, front panel, top)
- Metal work table
- Absorber mounting posts and side rails

Do not use ammonia, phenol or acetone based cleaners.

After washing, wipe with clean water and allow to dry. Do not allow fluids to penetrate the housing or any of the external connectors.

#### 1.2 Disinfecting

Anaesthetic workstations need not be disinfected unless directly contaminated.

If the equipment has become contaminated and the affected part is removable, it may be cleaned using a washer (Meile or similar).

Chemical disinfecting:

- Wash with a soft cloth and soap solution and then dry
- Wipe again with 2% glutaraldehyde (pH 6.5) solution
- ✤ Allow to stand for 20 minutes
- Rinse and dry thoroughly.
- 1.3 Steam Autoclaving

Normally this is not required for anaesthesia equipment and accessories. There are no components of the Signet workstation which can be autoclaved.

1.4 Filters

Always fit a new single use bacterial filter to the patient "Y" piece connection of the patient circuit. This will minimise or prevent contamination.

#### 2. CLEANING THE EV500 VENTILATOR

2.1. Cleaning intervals

The ventilator is an automatic bag squeezer, and the bellows within the ventilator takes the place of a normal rebreathing bag. Therefore, the bellows should be cleaned as often as a rebreathing bag, usually after any infected case or at the end of the day. If an inline bacterial filter is fitted on the breathing hose to the ventilator, cleaning will only be needed once every one or two months.

**Note:** The filter should be replaced in accordance with the manufacturer's recommendations.

- 2.2. Method for cleaning ventilator
- 2.2.1 The machine must be disconnected from the mains before cleaning or disinfecting. The ventilator's outer surfaces can be cleaned using a soft cloth and mild soap solution. After washing, wipe with clean water and allow to dry. Do not allow fluids to penetrate the housing or any of the external connectors. In all cases, care must be taken in order to prevent liquids from entering the electronics situated in the base of the ventilator.
- 2.2.2 Dismantle the ventilator
- 1. Loosen the four knurled screws (labelled (1) in Figure 1) and remove the bellows canister



Figure 1: Location of knurled screws

2. Remove the ventilator head assembly from the ventilator by pulling upward on the delrin block.



Figure 2: Removal of bellows canister and bellows bag assembly

3. Remove the ventilator head assembly from the ventilator by pulling upward on the delrin block.





## Figure 4: Bellows assembly removed from ventilator head

- 4. The ventilator head can be put through a washer at  $80^{\circ}$ C.
- 5. The bellows canister may be washed or autoclaved (volume control must be removed as shown in figure 3.
- 6. The base disk (mushroom) should be removed from the bellows assembly before washing. Pull the rubber bag from the delrin base disk as shown in figure 5. The bellows may be washed or autoclaved. The base component (mushroom) should not be autoclaved but can be put through a washer at 80°C.



#### Figure 5: Bellows assembly with mushroom removed

- 7. Dry all components thoroughly before re-assembly. Low pressure warm air should be passed through the ventilator head by attaching a hose to the scavenge port.
- 2.3 Disinfection

If the unit has been contaminated, the whole ventilator may be gas sterilised. Do not sterilise the ventilator using radiation sterilisation techniques. A disinfectant may also be used when cleaning the ventilator, if diluted with water. First wipe the whole ventilator with a damp sponge containing disinfectant, then remove the canister, bellows and head assembly as described above and wipe the inside of the ventilator (chamber). Individual components may be cleaned using a washer (Meile or similar).

Breathing circuits and components such as ventilator bellows, canisters and head should be washed at approximately 80°C with a slightly alkaline detergent solution (pH 10-11).

Chemical disinfecting:

- Wash in soap solution and then dry
- Soak in 2% glutaraldehyde (pH 6.5) for 19-20 minutes. Rinse and dry thoroughly.

#### 2.3.1 Steam Autoclaving components

Normally this is not required for anaesthesia equipment and accessories. If autoclaving is needed, use the glove cycle. Do not autoclave the head assembly or the base disk of the bellows bag assembly.

#### 2.3.2 Gas sterilising

ETO gas sterilising can be carried out on all removable components after washing or on the entire ventilator. Aerate thoroughly after gassing.

#### 2.4 Care and Maintenance of Bellows

Reversion and loss of strength is usually the result of exposure to high temperatures or excessive age. Some other factors, which cause degradation of natural rubber, are copper and manganese containing materials, which can include some water supply systems. The copper acts as a catalyst to degrade the rubber and surprisingly small amounts can lead to very rapid aging of the rubber, causing loss of strength.

Contact with solvents or oils can also damage rubber and can lead to tackiness and loss of strength, but will usually swell the rubber while it is still present. The rubber is compounded with antioxidants which are intended to preserve it against oxidation and aging, but if very powerful detergents or soaps are used to clean the bellows, these may leak out leaving the rubber largely unprotected.

Other agents, which will attack rubber, Reversion and loss of strength is usually the result of exposure to high temperatures or excessive age. Some other factors, which cause degradation of natural rubber are materials containing copper and manganese, SUNLIGHT, ULTRA VIOLET light and OZONE. Temperatures in excess of 80°C will cause reversion and at 100°C this occurs quite rapidly.

#### SUGGESTED PROTECTIVE METHODS

- Keep spare bellows in boxes and away from fluorescent (in the dark)
- Use only mild soaps and warm water to clean the bellows.
- $\diamond$  The bellows should be dried while fully expanded.

### **3** CARE AND CLEANING OF ABSORBERS

**3.1** Cleaning intervals

The absorber should be cleaned on a regular basis and in accordance with Hospital Infection Control guidelines, usually after an infected case, or at the end of each day.

If an inline bacterial filter is fitted to the expiratory port of the absorber, cleaning will only be needed once a month.

Note: The filter should be replaced in accordance with the manufacturer's recommendations.

- 3.2 Method for cleaning the AB800 Absorber:
- 3.2.1 Method A.

Wash with mild soap and warm water, or if contaminated the whole absorber may be gas sterilised. A disinfectant may be diluted with the water. First wipe the whole absorber with a damp sponge containing disinfectant, then remove the lid and shutter valves and wipe down.

3.2.2 Method B.

Dismantle the absorber.

1. Loosen the knurled screws and remove the clear lid.





2. Remove the silicone shutters by gently lifting from the base NOT from the flaps.



3. To release and remove the canister(s), undo the handle latch by turning side ways.



4. Push the release handle down to vertical until canisters are free.



5. Push canister(s) down then out of the cradle. Then dispose used soda lime (see Suppliers recommended procedure for disposal of soda lime).



- 6. Wash all the absorber components. Do **NOT** use caustic cleaning fluids.
- 7. The Canister(s) and silicone shutter can be autoclaved.
- 8. The Absorber head can be put through a washer at  $80^{\circ}$
- 9. Dry thoroughly before assembly, low pressure warm air should be passed trough the head by attaching a hose to the expiratory port of the absorber.