



NEXT INSPECTION 12/24/26

☐ 45 DAY
☒ 90 DAY

UNIT NO. WIT 06

LICENSE NO. 4809072

SERIAL NO.

Indicate completion of the report. Item is ☒ or not applicable (N/A). Work is completed, done (C). Type of work completed notes: (A) Adjust, (O) or (G) Oil or Grease, (R) Replace or Rebuild, (T) Test, (S/F) See Remarks.

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United States

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1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.