Owner's Operator And Maintenance Manual

Venture® HomeFill™ II Compressor

Model IOH200

DEALER/HOMECARE PROVIDER:

THIS MANUAL MUST BE GIVEN TO THE USER OF THE COMPRESSOR.

REFER TO THE INFORMATION ON PAGE 3 OF THIS MANUAL.

USER:

BEFORE USING THE COMPRESSOR, READ THIS MANUAL AND SAVE FOR FUTURE REFERENCE.



WARNING

DO NOT INSTALL, ASSEMBLE OR OPERATE THIS EQUIPMENT WITHOUT FIRST READING AND UNDERSTANDING THIS INSTRUCTION MANUAL, THE CONCENTRATOR OWNER'S MANUAL, AND THE OXYGEN CYLINDER WARNING LABEL. IF YOU ARE UNABLE TO UNDERSTAND THE WARNINGS, CAUTIONS AND INSTRUCTIONS, CONTACT A DEALER OR TECHNICAL PERSONNEL IF APPLICABLE BEFORE ATTEMPTING TO INSTALL THIS EQUIPMENT - OTHERWISE, INJURY OR DAMAGE MAY OCCUR.

SPECIAL NOTES

Check all parts for shipping damage. In case of damage, DO NOT use. Contact Invacare for further instruction.

WARNING/CAUTION notices used in this manual apply to hazards or unsafe practices which could result in personal injury or property damage.

NOTICE

The Venture HomeFill II Compressor is for use with specially designed Invacare 5 liter HomeFill II compatible concentrators set at 3 L/min or less ONLY. To determine if your Invacare 5 liter concentrator is HomeFill II compatible, examine the lower right corner of the rear of the concentrator for an outlet fitting, as shown below.

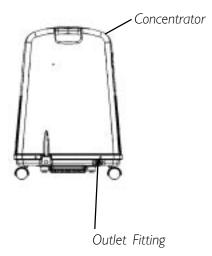


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DEALER INFORMATION

NOTE: Invacare recommends leaving a full cylinder of oxygen with the patient AFTER setting up the HomeFill II compressor.

CHECKLIST

Before leaving a Venture HomeFill II Compressor with a user, the following checklist MUST be completed:

- ☐ Make sure the pressure test on cylinder has not expired.
- ☐ Instruct the user on the safe operation of the concentrator and review ALL warnings.
- ☐ Instruct the user on the safe operation of the Venture HomeFill II compressor and review ALL warnings.
- ☐ Leave a full cylinder of oxygen with the user.
- ☐ Leave a copy of ALL warnings and filling instructions with the user.

SPECIFICATIONS

Regulatory Listing: Double Insulated Product

ETL Certified Complying with UL1097 (US)

ETL Certified Complying with CAN/CSA C22.2 No. 68

(Canada)

COMPRESSOR SPECIFICATIONS

Operating temperature: 50 to 95° F (10 to 35° C) @ 20 to 60%

non-condensing humidity

Storage temperature: -10 to 150° F (-23 to 65° C) @ 15 to 95% humidity

Input Pressure Required: 14 - 21 psi **Input FLOW Required:** 2 L/min **Input O2% Required:** >90% O₃

> Width: 20-1/4-inches

> > 33 lbs.

Height: 15-inches Depth: 16-inches

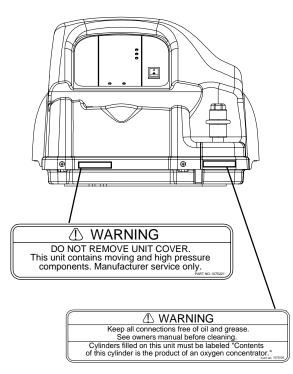
Weight: **Shipping Weight:** 39 lbs.

REGULATOR SPECIFICATIONS

Oxygen Output: 0, 0.25, 0.50, 0.75, 1.0, 1.5, 2.0, 2.5, 3.0, 4.0, 5.0, 6.0 L/min

LABEL LOCATIONS







General Warnings

Handling Warnings

In order to ensure the safe installation, assembly and operation of the **VENTURE HOMEFILL II COMPRESSOR** these instructions MUST be followed:

GENERAL WARNINGS

"Caution: Federal law restricts this device to sale by or on order of a physician, or any other practitioner licensed by the law of the State in which he/she practices to use or order the use of this device."

The use of this device is limited to the oxygen patient. Cylinders MUST be used ONLY by the oxygen patient and are not to be distributed to any other individual for any purpose.

DO NOT use parts, accessories or adapters other than those authorized by Invacare or warranty will be voided.

NEVER block the air openings of the product or place it on a soft surface, such as a bed or couch, where the air opening may be blocked. Keep the openings free from lint, hair and the like.

DO NOT disassemble. There are minimal serviceable parts on the Venture HomeFill II Compressor. If any service is required, contact Invacare technical service.

If the compressor has a damaged cord or plug, if it is not working properly, if it has been dropped or damaged, or submersed in water, call a qualified technician for examination and repair.

If any leakage of the oxygen cylinder is detected DO NOT attempt to use the cylinder. Turn the flow selector knob on the regulator to "0". If leakage persists, place the cylinder outdoors and notify your Home Health Care Provider or Service Representative of this condition.

DO NOT allow oil from your hands or other source to come into contact with the regulator or cylinder valve connection. These solutions may be flammable and cause injury.

The HomeFill II is equipped with a High Pressure Relief Valve to ensure the user's safety. When activated, this safety feature will make an extremely loud noise. If this noise occurs, turn the unit OFF and contact your Home Health Care Provider or Service Representative.

Before moving or repositioning either the compressor or concentrator, always disconnect the AC power cords and the interconnect hose between the compressor and concentrator. Failure to do so may result in damage to the unit or personal injury.

Children should always be supervised around the HomeFill unit. When used with the HomeFill table or similar elevated support surfaces, a child could pull over any such table causing the unit to fall. Failure to observe this warning may result in personal injury or product damage.

HANDLING WARNINGS

Use extreme care when handling and filling an oxygen cylinder. Full oxygen cylinders are under pressure and can become a projectile if dropped or mishandled.

NEVER transport a compressor with a cylinder connected to or stored on the compressor, otherwise injury or damage can occur.

Compressor Initial Setup Checklist

Choosing a Location

Transporting the Compressor

Installing the Power Cord

Connecting the Compressor to the Concentrator

NOTE: **DEALERS ONLY -** Refer to <u>DEALER INFORMATION</u> on PAGE 3 of this manual BEFORE performing this procedure.

COMPRESSOR INITIAL SETUP CHECKLIST

Before operating the HomeFill II Compressor for the first time, complete the following checklist:

- ☐ Choose a location for the compressor.
- ☐ Transport the compressor to the desired location.
- ☐ Connect the power cord to the compressor.
- ☐ Connect the compressor to the concentrator.

CHOOSING A LOCATION

The compressor should be at least three (3) inches away from walls, draperies or furniture to ensure sufficient air flow.

Avoid placing the compressor next to heaters, radiators or hot air registers.

DO NOT use in a closet.

The compressor should sit on a hard flat stable surface, such as a table.

TRANSPORTING THE COMPRESSOR (FIGURE 1)

WARNING

NEVER transport a compressor with a cylinder connected to or stored on the compressor, otherwise injury or damage can occur.

CAUTION

When transporting the compressor, be careful not to bump the compressor or the connectors into obstacles. Otherwise damage to the compressor may occur.

There are two (2) methods to safely transport the compressor:

- A. ONE HAND Grasp the handle at the bottom rear of the compressor.
- B. TWO HANDS Grasp the hand grips on the sides of the compressor.

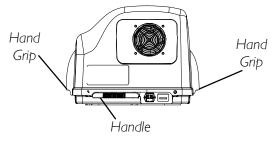


FIGURE I - TRANSPORTING THE COMPRESSOR

INSTALLING THE POWER CORD (FIGURE 2)

- 1. Ensure the compressor is on a hard flat stable surface, such as a table.
- 2. Plug the power cord into the electric connector in the back of the compressor.
- 3. Plug the opposite end of the power cord into the wall outlet.

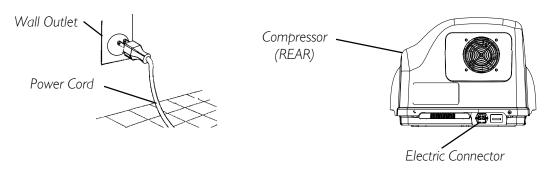


FIGURE 2 -INSTALLING THE POWER CORD

CONNECTING THE COMPRESSOR TO THE CONCENTRATOR (FIGURE 3)

- I. Insert one (I) end of the interconnect hose into the outlet fitting on the back of the concentrator.
- 2. Insert the opposite end of the interconnect hose into the inlet fitting on the side of the compressor.

NOTE: The metal tabs on the concentrator outlet fitting and the compressor inlet fitting will pop out with an audible "click" when the end of the interconnect hose is properly installed.

3. Loop any excess interconnect hose and secure to the back of the concentrator with the fastening straps.

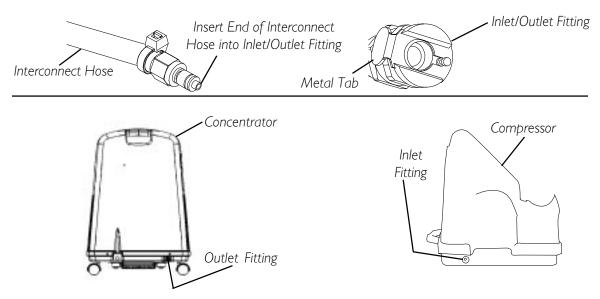


FIGURE 3 - CONNECTING THE COMPRESSOR TO THE CONCENTRATOR

Compressor Operation Checklist

Cylinder Prefill Inspection

Connecting the Cylinder to the Compressor

Turning the Compressor On

Removing the Cylinder

Setting the Flow Knob to the Prescirbed Setting

COMPRESSOR OPERATION CHECKLIST

Each time the HomeFill II Compressor is used to fill a cylinder, complete the following checklist:

NOTE: All steps mentioned below are in this procedure of the instruction sheet, unless otherwise noted.

- ☐ Ensure the concentrator has been on for at least twenty (20) minutes. Refer to the concentrator Owner's Manual.
- ☐ Perform the prefill inspection on the cylinder.
- ☐ Connect the cylinder to the compressor.
- ☐ Turn the compressor on.
- ☐ Examine the indicator lights on the control panel.
- ☐ Remove the full cylinder.
- ☐ Turn the compressor off.
- ☐ If filling another cylinder, repeat this checklist.

CYLINDER PREFILL INSPECTION (FIGURE 1)

WARNING

ONLY use cylinders that have the Invacare Venture HomeFill II connection and the label shown in FIGURE 1.

All cylinders must be inspected before attempting to fill - otherwise, injury or damage may occur.

THE HYDROSTATIC TESTING DATE

Aluminum cylinders must undergo testing every five (5) years.

NOTE: DO NOT fill cylinders that have not been tested in the past five (5) years. Contact your dealer for replacement.

EXTERNAL EXAMINATION

- 1. Examine the outside of the cylinder for the following conditions, and replace the cylinder if they exist:
 - A. Dents or dings
 - B. Arc Burns
 - C. Oil or Grease
 - D. Any other signs of damage that might cause a cylinder to be unacceptable or unsafe for
- 2. Examine the cylinder for evidence of fire or thermal damage. Evidence includes charring or blistering of the paint, or other protective coating or heat sensitive indicator. If fire or thermal damage is found, replace the cylinder.
- 3. Inspect the Invacare valve for the following, and replace if found:
 - A. Debris, oil or grease
 - B. Noticeable signs of damage
 - C. Signs of corrosion inside the valve
 - D. Signs of excessive heat or fire damage

THIS CYLINDER IS TO BE USED WITH THE INVACARE VENTURE HOMEFILL SYSTEM. THIS CYLINDER CONTAINS 93±3% OXYGEN PRODUCED BY AN OXYGEN CONCENTRATOR USING THE PRESSURE SWING ADSORPTION PROCESS.



OXYGEN CYLINDERS FILLED BY THE VENTURE HOMEFILL SHALL BE USED FOR PERSONAL USE ONLY. "NOT TO BE FILLED FOR RESALE OR USE BY PROFESSIONAL USERS'

NARNING: HIGH PRESSURE OXIDIZING GAS VIGOROUSLY ACCEL-**ERATES COMBUSTION.**

CAUTION: For medical applications. Use only as directed by a licensed practitioner. Uninterrupted use of high concentrations of oxygen over a long duration, without monitoring its effect on oxygen content of arterial blood, may be harmful.

CAUTION: DO NOT HANDLE CYLINDER OR USE CONTENTS UNTIL YOU ARE TRAINED TO USE CYLINDER AND CONTENTS, INCLUDING EMER-GENCY PROCEDURES.

CAUTION: IMPROPER FILLING OR ABUSE OF THIS CYLINDER, OR FAILURE TO HEED THIS CAUTION MAY CAUSE SERIOUS INJURY OR LOSS OF LIFE. DO NOT ALTER OR MODIFY CYLINDER OR RELATED COMPONENTS. KEEP OUT OF THE REACH OF CHILDREN. Secure cylinder during storage and use. No smoking in cylinder area. Open valve slowly. Close valve after each use and when empty. Use in accordance with Venture HomeFill Operator's Manual. Cylinder temperature should not exceed 125°F (52°C). Keep away from heat, flame and spark. Do not drop.

"Use No Oil or Grease". KEEP CYLINDER, CYLINDER VALVE, ALL EQUIP-MENT AND CONNECTIONS FREE OF OIL AND GREASE TO AVOID VIOLENT IGNITION.

TRANSFILLING OF THIS GAS IS PERFORMED BY VENTURE HOMEFILL ONLY. Cylinders that have been refinished and/or exposed to elevated temperatures must be hydrostatically tested before filling. Do not use caustic paint strippers. Aluminum cylinders subject to the action of fire or heated to temperatures in excess of 350°F must be withdrawn from service and condemned by trained personnel. Valve and safety relief devices must be removed and replaced by trained and authorized personnel. Do not alter or change valve assembly.

DO NOT REMOVE THIS PRODUCT LABEL Not for Commercial Resale

Invacare Corporation 699 Aero Lane Sanford, FL 32771

1-800-832-4707 P/N: 1082951

FIGURE I - CYLINDER PREFILL INSPECTION

CONNECTING THE CYLINDER TO THE COMPRESSOR (FIGURE 2)

WARNING

DO NOT modify ANY connections on the HomeFill II compressor. NEVER use tools of any kind to connect/disconnect the cylinder and the compressor. Otherwise, severe injury and/or damage may occur.

NOTE: Refer to the <u>GENERAL WARNINGS</u> and the <u>HANDLING WARNINGS</u> in PROCEDURE 1 of this manual.

I. Examine the cylinder gauge.

If the cylinder pressure is **greater** than 1500 psig., DO NOT attempt to top off this cylinder, as it may not fill. Select another cylinder to fill.

If the cylinder pressure is less than 1500 psig., proceed to STEP 2.

- 2. Set the regulator flow knob on the cylinder to "0".
- 3. Remove the connector fillport cover (if present).

WARNING

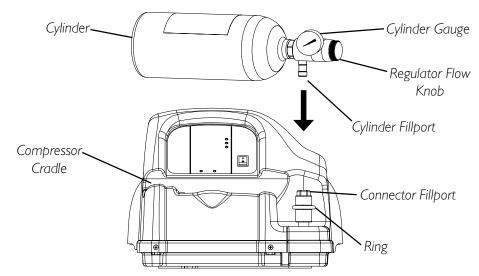
DO NOT drop oxygen cylinders. Use two (2) hands when handling/transporting oxygen cylinders. Otherwise, injury or damage may occur.

- 4. Position the cylinder in the compressor cradle.
- 5. Align the cylinder fillport with the connector fillport.
- 6. Grasp the connector fillport just below the ring.

NOTE: Your hand should rest against the bottom of the ring during this procedure.

7. Pull UP on the connector fillport ring while pushing DOWN on the cylinder to insert the cylinder fillport into the connector fillport.

NOTE: The cylinder is properly connected to the compressor when an audible "click" is heard.



NOTE: Connector fillbort cover not shown for clarity.

FIGURE 2 -CONNECTING THE CYLINDER TO THE COMPRESSOR

TURNING THE COMPRESSOR ON (FIGURE 3)

NOTE: Refer to the <u>GENERAL WARNINGS</u> and the <u>HANDLING WARNINGS</u> in the SAFETY SUMMARY of this instruction sheet.

I. Make sure the concentrator is on. Refer to the concentrator Owner's Manual.

CAUTION

The concentrator flow rate to the patient MUST be at 3 L/min. or less. Otherwise the oxygen level to the compressor will be <90% and the compressor will not fill the cylinder.

- 2. Set the concentrator flow rate to the patient to 3 L/min. or less. Refer to the concentrator Owner's Manual.
- 3. Make sure the cylinder is connected to the compressor. Refer to <u>CONNECTING THE CYLINDER TO THE COMPRESSOR</u> in this section of the instruction sheet.
- 4. Push the power switch on the control panel to the ON position.
- 5. Examine the control panel. The following sequence of events should occur:
 - A. 0-3 MINUTES -

The WAIT (YELLOW) light will be lit while the compressor warms up.

B. AFTER 3 MINUTES -

The FILLING (GREEN) light will be on while the cylinder is filling.

The FULL (GREEN) light will be on when the cylinder is finished filling. Proceed to STEP 6.

NOTE: The O2 BELOW NORMAL (YELLOW) light may come on if the oxygen level from the concentrator has not yet reached or drops below 90%. The compressor will begin or resume filling when the oxygen level reaches 90%. If light DOES NOT go off within 10 minutes, proceed to TROUBLESHOOTING in this instruction sheet.

NOTE: If the ATTENTION (RED) light and audible alarm are on, proceed to <u>TROUBLE-SHOOTING</u> in this instruction sheet.

6. Remove the full cylinder. Refer to <u>REMOVING THE CYLINDER</u> in this instruction sheet.

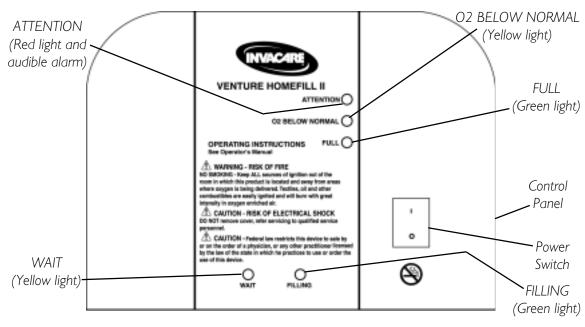


FIGURE 3 - TURNING THE COMPRESSOR ON

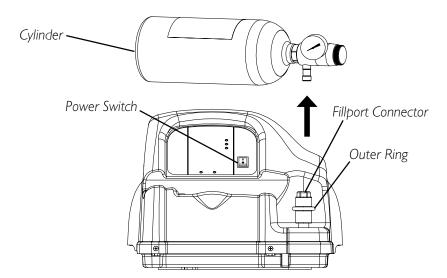
REMOVING THE CYLINDER (FIGURE 4)

WARNING

DO NOT modify ANY connections on the HomeFill II compressor. NEVER use tools of any kind to connect/disconnect the cylinder and the compressor. Otherwise, severe injury and/or damage may occur.

NOTE: Refer to the <u>GENERAL WARNINGS</u> and the <u>HANDLING WARNINGS</u> in PROCEDURE 1 of this manual.

- 1. Press the compressor power switch to the OFF position.
- 2. Grasp the outer ring of the fillport connector and PUSH DOWN.
- 3. Lift up on the cylinder to remove from the fillport connector.
- 4. Perform one (I) of the following steps:
 - A. If desired, fill another cylinder. Refer to the <u>COMPRESSOR OPERATION CHECKLIST</u> in this instruction sheet.
 - B. Place the fillport connector cover onto the fillport connector.
 NOTE: The fillport connector cover should be used whenever cylinders are not being filled.



NOTE: Fillport connector cover not shown for clarity.

FIGURE 4 - REMOVING THE CYLINDER

SETTING THE FLOW KNOB TO THE PRESCRIBED SETTING (FIGURE 5)

- 1. Attach the nasal cannula to the outlet fitting of the cylinder.
- 2. Turn the flow knob to the L/min. setting prescribed by your physician or therapist.

WARNING

As changing the L/min. setting on the flow knob will affect the dose of oxygen delivered, DO NOT readjust the L/min. setting unless directed by your physician or therapist.

3. To turn the flow of oxygen OFF, turn the flow knob counter-clockwise to the "0" (OFF) position.

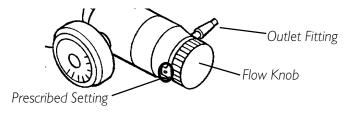


FIGURE 5 - SETTING THE FLOW KNOB TO THE PRESCRIBED SETTING

This Procedure includes the following:
Indicator Light Explanation

INDICATOR LIGHT EXPLANATION

INDICATOR LIGHT COLOR	COMPRESSOR STATUS	EFFECT
NONE	Compressor is OFF	O ₂ flowing to user if concentrator is on
WAIT - YELLOW	Compressor is ON and warming up (0-3 minutes after Power is ON)	Cylinder filling not started O_2 flowing to user if concentrator is on
O2 BELOW NORMAL - YELLOW	O_2 from concentrator is <90% (any time after 3-min. warmup)	Cylinder filling stops, will restart when $O_2 > 90\%$ O_2 flowing to user if concentrator is on
FILLING - GREEN	Compressor is ON and cylinder is filling O_2 from concentrator is >90% (any time after 3-min. warmup)	Cylinder is filling O_2 flowing to user if concentrator is on
FULL - GREEN	Compressor is ON Cylinder is finished filling (full) - remove cylinder (FULL light is on in >10 mins.) or Cylinder is not attached properly - check connection (FULL light is on in <10 mins.)	Cylinder filling stops Cannot fill another cylinder until compressor is turned OFF and ON again O ₂ flowing to user if concentrator is on
ATTENTION - RED (Audible Alarm)	Compressor is ON Cylinder NOT filling Causes: Full cylinder attached when unit turned on - replace with empty cylinder or Internal failure - contact dealer	Compressor does not begin to fill or stops filling Unit must be turned OFF and ON before filling can occur O ₂ flowing to user if concentrator is on

Compressor

Cylinder

COMPRESSOR	
PROBLEM	SOLUTION
No indicator lights on when compressor turned on.	 Turn compressor OFF. Check that power cord is properly plugged into compressor and wall outlet. Turn the compressor ON. Clean air filters. Refer to PROCEDURE 6 - MAINTENANCE. If performing STEPS I-4 does not cause any indicator lights to come on, contact your Home Health Care Provider or Invacare for service.
Red Light ON	 Check the cylinder gauge to see if it is FULL. CYLINDER FULL - Remove the cylinder and turn the unit off. Perform the CYLINDER PREFILL INSPECTION with a cylinder that is NOT FULL. CYLINDER NOT FULL - Proceed to STEP 2. Check that the cylinder is connected properly. Turn the compressor OFF. Remove the cylinder and reinstall. Turn the compressor ON. If cylinder is not full and is connected properly, the compressor may have internal failure. Contact your Home Health Care Provider or Invacare.
Compressor cycles ON and OFF OR O2 BELOW NORMAL (YELLOW) and FILLING (GREEN) lights are alternating OR O2 BELOW NORMAL (YELLOW) light goes ON and OFF	 Check the concentrator liter flow setting is at 3 L/min. or LESS. If necessary, adjust the liter flow setting (refer to the concentrator owner's manual). Wait at least 20 minutes for the GREEN light to appear. If it does not appear, proceed to STEP 2. The concentrator may need service, contact your Home Health Care Provider or Invacare.
O2 BELOW NORMAL (YELLOW) light stays ON	 Ensure the concentrator has warmed up for at least 20 minutes. If it has not been 20 minutes, turn the compressor OFF until the concentrator warms up. If the YELLOW light still remains on proceed to STEP 2. Inspect the connection between the compressor and the concentrator for damage or pinching. If damaged, replace. If pinched, straighten tubing. Turn the compressor OFF for at least 10 seconds. Turn the compressor ON. If the YELLOW light still remains on proceed to STEP 3. The concentrator may need service, contact your Home Health Care Provider or Invacare.
Fill times exceed maximum recommended fill times shown in CYLINDER FILL TIMES. OR GREEN filling light stays on.	 Ensure the cylinder regulator is set to "0" OFF. Check the recommended fill times shown in CYLINDER FILL TIMES. Check that the cylinder is connected properly. Turn the compressor OFF. Remove the cylinder and reinstall. Turn the compressor ON. Check the compressor/concentrator line for proper connection and/or damage (ie leaks or kinks). Check the concentrator liter flow setting is at 3 L/min. or LESS. If necessary, adjust the liter flow setting (refer to the concentrator owner's manual). If the GREEN filling light does not go off, the compressor and/or concentrator may need service. Contact your Home Health Care Provider or Invacare.
Excessive noise when compressor is ON	Call Home Health Care Provider or Invacare for service.

CYLINDER

PROBLEM	SOLUTION	
Hissing sound from Regulator when flow selector on "0" (OFF)	 Turn flow selector OFF. If hissing sounds continue, call Home Health Care Provider or Invacare. 	
Regulator is ON but O ₂ is not being delivered	 Refill cylinder Check that cannula is straight and not pinched. If damaged, replace. Call Home Health Care Provider or Invacare for service. 	

Cleaning the Compressor Filter

Cabinet

CLEANING THE COMPRESSOR FILTER (FIGURE 1)

WARNING

DO NOT operate the compressor without the filter installed.

NOTE: All compressors have one (1) filter on the back of the cabinet (FIGURE 2).

NOTE: Perform this procedure at least **ONCE A WEEK**.

- I. Remove the filter.
- 2. Clean the filter with a vacuum cleaner or wash in warm soapy water and rinse thoroughly.
- 3. Dry the filter thoroughly before reinstallation.

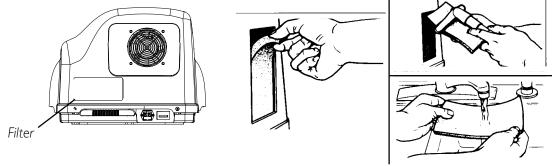


FIGURE 1 - CLEANING THE COMPRESSOR FILTER

CABINET

WARNING

UNPLUG the compressor when cleaning. To avoid electrical shock, **DO NOT** remove cabinet.

1. Clean the cabinet with a mild household cleaner and non-abrasive cloth or sponge.

CYLINDER FILL TIMES

NOTE: All filling times are approximate and may vary on environmental conditions.

"M6" AND "ML6" SIZE CYLINDERS

CYLINDER FILLING TIMES	CONCENTRATOR FLOW RATE TO PATIENT - UP TO 3 L/MIN	
NORMAL	IHR 25MIN	
MAXIMUM	IHR 50MIN	

"C" (M9) SIZE CYLINDER

CYLINDER FILLING TIMES	CONCENTRATOR FLOW RATE TO PATIENT-UP TO 3 L/MIN	
NORMAL	2HR 20MIN	
MAXIMUM	2HR 45MIN	

LIMITED WARRANTY

NOTE: THE WARRANTY BELOW HAS BEEN DRAFTED TO COMPLY WITH FEDERAL LAW APPLICABLE TO PRODUCTS MANUFACTURED AFTER JULY 4, 1975.

This warranty is extended only to original purchaser of our products. This warranty gives you specific legal rights and you may also have other legal rights which may vary from state to state.

Invacare warrants the Venture HomeFill II Compressor to be free from defects in materials and workmanship for a period of one (I) year from date of purchase; Internal wear components: Piston seals and rings, bearings, drive belts, check valves, pressure relief components and electric motor for a period of three (3) years from the date of purchase or 5000 hours, whichever comes first: Control panel components: Electrical switches, reset switch and indicator lights for a period of three (3) years from the date of purchase or 5000 hours, whichever comes first. DO NOT OPEN OR ATTEMPT TO SERVICE. This will void any and all warranties. The regulator (NOT including the cylinder) to be free from defects in materials and workmanship for a period of six (6) years from date of purchase. If within such warranty period any such product shall be proven to Invacare's satisfaction to be defective, such product shall be repaired or replaced, at Invacare's option. This warranty only applies to the labor for repairs performed by the Invacare Service Department or authorized Invacare dealers. It does not apply to the labor performed by the purchaser or user. This warranty does not include normal wear and tear or shipping charges incurred in replacement part installation or repair of any such product. Invacare's sole obligation and your exclusive remedy under this warranty shall be limited to such repair or replacement. Routine maintenance items, such as filters, are excluded from this warranty.

For warranty service, please contact Invacare's service department at the toll free number on the back page during normal working hours.

Upon receiving notice of an alleged defect in a product, Invacare will issue a serialized return authorization. It shall be the responsibility of the purchaser, at the purchaser's cost, to return the unit, pack the unit in a manner to avoid shipping damage and to ship the unit to either Invacare's plant or service center as specified by Invacare in advance. Defective units must be returned for warranty inspection using the serial number as identification within thirty (30) days of return authorization date. Do not return products to our factory without prior consent. C.O.D. shipments will be refused; please prepay shipping charges.

LIMITATIONS AND EXCLUSIONS: THE FOREGOING WARRANTY SHALL NOT APPLY TO PRODUCTS SUBJECTED TO NEGLIGENCE, ACCIDENT, IMPROPER OPERATION, MAINTENANCE OR STORAGE, SOOT OR SMOKE-FILLED ENVIRONMENTS, COMMERCIAL USE, OR OTHER THAN NORMAL APPLICATION, USE OR SERVICE, OR TO PRODUCTS MODIFIED WITHOUT INVACARE'S EXPRESS WRITTEN CONSENT (INCLUDING, BUT NOT LIMITED TO, MODIFICATION THROUGH THE USE OF UNAUTHORIZED PARTS OR ATTACHMENTS) OR TO PRODUCTS DAMAGED BY REASON OF REPAIRS MADE TO ANY COMPONENT WITHOUT THE SPECIFIC CONSENT OF INVACARE OR TO PRODUCTS DAMAGED BY CIRCUMSTANCES BEYOND INVACARE'S CONTROL.

THE FOREGOING EXPRESS WARRANTY IS EXCLUSIVE AND IN LIEU OF ANY OTHER WARRANTIES WHATSOEVER, WHETHER EXPRESS OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND THE SOLE REMEDY FOR VIOLATIONS OF ANY WARRANTY WHATSOEVER, SHALL BE LIMITED TO REPAIR OR REPLACEMENT OF THE DEFECTIVE PRODUCT PURSUANT TO THE TERMS CONTAINED HEREIN. THE APPLICATION OF ANY IMPLIED WARRANTY WHATSOEVER SHALL NOT EXTEND BEYOND THE DURATION OF THE EXPRESS WARRANTY PROVIDED HEREIN. INVACARE SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES WHATSOEVER.

Some states do not allow the exclusion or limitation of incidental or consequential damage, or limitation of how long an implied warranty lasts, so the above exclusion and limitation may not apply to you.

THIS WARRANTY SHALL BE EXTENDED TO COMPLY WITH STATE/PROVINCIAL LAWS AND REQUIREMENTS.



Invacare Corporation

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