



บริษัท โขวิทย์ จำกัด  
XOVIC CO., LTD.

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## Preventive Maintenance

HOSPITAL CONTROL NO. \_\_\_\_\_

HOSPITAL NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

INSTRUMENT **Arctic Sun** MANUFACTURE **Bard** MODEL **AS5000**

SERIAL NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ Next Due \_\_\_\_\_ Period of PM \_\_\_\_\_ Months

Action	Result		Remark
	Pass	Fail	
<b>1. External Check</b>			
- Check Cassing is intact			
- Check Screen is intact			
- Check Castor Condition			
- Check power cable condition (Power on the unit)			
<b>2. Function Check</b>			
- Ensuer unit start-up smoothly			
- Test unit touch screen accuracy and display has on burnout line (Select hypothermia			
- Insert temperature dongle 37°C			
- Drain and replace Fluid			
<b>3. Performance Check</b>			
<b>- Warming Test</b>			
Set water temperature 40 °C, duration : 30 min			
Start therapy			
Check temperature reaches 30 °C within 15 min, flow rate 1.6-1.9 L/min			
<b>- Cooling Test</b>			
Set water temperature 4 °C, duration : 30 min			
Start therapy			
Check temperature reaches 6 °C within 30 min, flow rate 1.6-1.9 L/min			
<b>4. System Calibration</b>			
Next calibration due : _____ Hour. _____ Users.			
<b>5. Electrical safety Test</b>			
- Perfoem electrical Safety analyser test			

Overall Test Result: **PASS / FAIL**

Comments :

\_\_\_\_\_  
\_\_\_\_\_

Tested By :  
(Signature) \_\_\_\_\_

(Name)

Customer Service