



บริษัท โขวิทย์ จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT Bed Electrical MANUFACTURE Hill-Rom MODEL _____

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

Action	Pass	Fail	Remark
Overall condition			
Head and footboards			
AC power cord			
Control unit			
Siderails			
Head HiLow motor			
Foot HiLow motor			
Head section motor			
Knee section motor			
Foot section motor			
Plastic Sleep deck			
CPR release			
Automatic contour			
Dining Chair* position			
Trendelenburg			
Reverse Trendelenburg			
Battery			
Night light			
Pivot points			
Casters			
Braking and steering			
Accessories			
Scale Calibration			
Bed Exit Alarm System			
Leakage Current			
Cleaning			

Overall Test Result: **PASS / FAIL**

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service