



บริษัท โขวิค จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT Bed Electrical MANUFACTURE Hill-Rom MODEL Stretcher

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

| Action | Pass | Fail | Remark |
|------------------------------|------|------|--------|
| Overall condition | | | |
| Head and footboards | | | |
| AC power cord | | | |
| Sleep Deck | | | |
| Siderail | | | |
| Head HiLow Cylinder | | | |
| Foot HiLow Cylinder | | | |
| Head Panel Gas Spring | | | |
| Knee section (Manual) (Opt.) | | | |
| Trendelenburg | | | |
| Reverse Trendelenburg | | | |
| CPR release | | | |
| Automatic contour (Opt.) | | | |
| Battery (Opt.) | | | |
| Pivot points | | | |
| Casters | | | |
| Braking and steering | | | |
| Night light | | | |
| Accessories | | | |
| Scale Calibration (Opt.) | | | |
| Cleaning | | | |

Overall Test Result: **PASS / FAIL**

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service