



บริษัท ไซวิท จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT **Defibrillator** MANUFACTURE **Zoll** MODEL _____

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

Action	Pass	Fail	Remark
Overall condition / Main Housing / Paddle (Crack)			
Control Dials / Knob			
All Cable / AC power cord			
Battery and Power			
Front Panel Button Test			
USB Test			
Wi-fi Test			
ECG Lead Test			
Paddles Test			
Heart Rate Display Test			
Notch Filter Test			
Defibrillator Self Test			
Synchronized Cardioversion			
Shock Test			
Pacer Test			
SpO ₂ Function Check			
NBP Function Check			
CO ₂ Function Check			
IBP Function Check			
Electrical Safety Test			
Cleaning			

Overall Test Result: **PASS / FAIL**

Comments :

Tested By :

(Signature) _____

(Name)

Customer Service