



บริษัท โขวิทย์ จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT **ECG Recorder** MANUFACTURE **Philips** MODEL _____

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

Action	Pass	Fail	Remark
Visual Inspection			
Power On Test			
Printer Test			
Touch Screen Display and Calibration (Not Valid for TC10)			
Patient Interface Module Test (PIM) (Not Valid for TC10)			
Keyboard Test			
Leadwire Test			
ECG Simulation			
Cleaning			

Overall Test Result: **PASS / FAIL**

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service