



บริษัท โขวิค จำกัด  
XOVIC CO., LTD.

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## Preventive Maintenance

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

HOSPITAL NAME		DEPARTMENT	
INSTRUMENT	Ventilator	MANUFACTURE	Drager
MODEL NUMBER	Evita V800	SERIAL Number.	
Ventilator Software Version		SW Build ID.	
Option		Part Number.	
		Ventilator Hour :	
		Operational Hour : Standby	Hr.
		Operational Hour Running :	Hr.

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

Service / Calibrations Performed	Action	Remark
SN. Expiratory valve	<input type="checkbox"/> Verified	
Rating plates and option lable	<input type="checkbox"/> Verified	
Filter cover and O2 gas connecting tube	<input type="checkbox"/> Verified	
Test ON Battery .	<input type="checkbox"/> Verified	
Ventilator Warm-UP Cycle (15 Minutes)	<input type="checkbox"/> Verified	
Electrical Safety Test (IEC60601)	<input type="checkbox"/> Verified (Every 1 Year)	

### SERVICE MODE TESTS / CALIBRATIONS

System Test	Result		
Secondary acoustic alarm	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Breathing circuit connected	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Humidifier	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Expiratory flow sensor / Pressure sensor : Calibration	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Test lung connected	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Internal gas sensors	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Gas supply unit / O2 supply / Air supply	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Expiratory valve / Inspiratory valve	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Nebulizer port	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Breathing circuit test	Result		
Leakage	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Compliance	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Inspiratory resistance	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Expiratory resistance	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail
Oxygen Sensor calibration	<input type="checkbox"/> Pass	<input type="checkbox"/> N/A	<input type="checkbox"/> Fail

Overall Test Result: PASS / FAIL

Comments :

Tested By :

(Signature) \_\_\_\_\_

(Name)

Customer Service