



บริษัท โขวิทย์ จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT **Fetal Heart Monitor** MANUFACTURE **Philips** MODEL _____

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

Action	Pass	Fail	Remark
Visual Inspection			
Power On Test			
Basic Performance Test			
NBP Test			
SpO2 Performance Test			
Transducer and Patient Module Test			
Touchscreen Calibration			
Disabling/Enabling Touch Operation			
Checking the Fetal Recorder Offset			
Setting the Fetal Recorder Offset			
Fetal Recorder Selftest Report			
Cleaning			

Overall Test Result: **PASS / FAIL**

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service