



บริษัท โขวิทย์ จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT **Holter (PC)** MANUFACTURE **Philips** MODEL _____

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

Action	Pass	Fail	Remark
Visual Inspection			
Power On Test			
System Operation			
Holter Recorder Connection			
Holter Recorder Scan			
Basic Performance Assurance Test			
Audible Alarms			
Network			
Display Operation			
Display dot Pixel			
Hard Lock			
Printer Test			
Cleaning			

Overall Test Result: PASS / FAIL

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service