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Preventive Maintenance

HOSPITAL CONTROL NO.

HOSPITAL NAME			DEPARTMENT			
INSTRUMENT	Holter Recorder	MANUFACTURE	Philips	MODEL		
SERIAL NUMBER						
DATE		Next Due			Period of PM	Months
		-				S
		Action		Pass	Fail	Remark
Visual Inspection						
Power On Test						
System Operation						
Key Panel Test						
Display And Touch						
Basic Performance	Assurance Test					
ECG Test						
Electrode, Lead V	Vire					
Battery						
Cleaning						
Overall Test Result: PASS / FAIL Comments:						

Tested By: (Signature) (Name)

Customer Service