



บริษัท โขวิทย์ จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT **Infusion Pump** MANUFACTURE **BD** MODEL **Bodyguard**

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

Action	Pass	Fail	Remark
• Overall condition / Cleaning			
• Main Self-Test			
- Key Pad			
- Display			
- Acoustic (buzzer)			
- Door Position			
- Air sensor whit primed set; verify "Liquid" and >320mV(displayed on pump screen during test)			
- Motor			
- Pressure sensor: test passes if screen displays 50 ±4 whitout a set.			
- Voltage			
• Alarms Functionality Check			
• Pole mount charger voltage test			
• Ensure pump works on battery and AC mains.			
• Volume accuracy; Rate 100mL/H (±5%)			mL / h
• Set / Confirm time and date			
• Set service date			
Set rate to zero (or lowest valve possible), Clear Volume infused and VTBI			
• Electrical Safety Test	Test Result are stored :		Pass Fail Remark
- Class I Typf CF	Electronically	<input type="checkbox"/>	
Test in accordance whit the standard EN60601-1 and test equipment operation manual.	Print-out	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

Overall Test Result: **PASS / FAIL**

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service