



บริษัท โขวิทย์ จำกัด  
XOVIC CO., LTD.

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## Preventive Maintenance

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

HOSPITAL NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

INSTRUMENT Infusion Pump MANUFACTURE Medcaptain MODEL \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

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

| Action                       | Pass | Fail | Remark |
|------------------------------|------|------|--------|
| Overall condition / Cleaning |      |      |        |
| Mounting                     |      |      |        |
| Power Cord                   |      |      |        |
| Switch, Key Panel, LED       |      |      |        |
| Alarm                        |      |      |        |
| Battery                      |      |      |        |
| Display and Touch screen     |      |      |        |
| Date & Time Setting          |      |      |        |
| Occlusion Alarm              |      |      |        |
| Air Bubbler in line          |      |      |        |
| Pump door Assembly           |      |      |        |
| Accessory                    |      |      |        |
| Connection to Station        |      |      |        |
| Casters                      |      |      |        |
| Electrical Safety            |      |      |        |
|                              |      |      |        |

Overall Test Result: PASS / FAIL

Comments :

\_\_\_\_\_  
\_\_\_\_\_

Tested By :  
(Signature) \_\_\_\_\_

(Name)

Customer Service