



บริษัท โขวิทย์ จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME		DEPARTMENT	
INSTRUMENT	Ventilator	MANUFACTURE	Monnal
MODEL NO.	MT60	Equipment	Serial
SERIAL NO.		Inter Chargeable Battery	
Time of Operation	Hours	Expiratory Flow Sensor	
Time of Ventilation	Hours	Expiratory Valve	

DATE _____ Next Due _____ Period of PM _____ Months

Action	Result		
Visual Check of labels and accessories	Pass	Fail	Remark
<input type="checkbox"/> Manufacturer Label <input type="checkbox"/> Symbol Labels <input type="checkbox"/> AC Power Adapter			
<input type="checkbox"/> Electrical cable pull-out Protection device <input type="checkbox"/> Rubber feet			
Visual Check of Ventilator Connectors	Pass	Fail	Remark
<input type="checkbox"/> etCO2 Connector <input type="checkbox"/> Power botton <input type="checkbox"/> USB-A / USB-B			
<input type="checkbox"/> Communication port cover			
Check or Replace Spare on the unit	Pass	Fail	Remark
<input type="checkbox"/> Monnal Clean'In Filter <input type="checkbox"/> Interchangeable Battery <input type="checkbox"/> Internal Battery			
<input type="checkbox"/> Expiratory flow sensor <input type="checkbox"/> Expiratory Valve housing lip seal <input type="checkbox"/> Expiratory Valve			
<input type="checkbox"/> Inlet Filter			
Apply Power and check touch-screen	Pass	Fail	Remark
<input type="checkbox"/> Audible Alarm Initialisation <input type="checkbox"/> Audible Alarm <input type="checkbox"/> Backlighting			
<input type="checkbox"/> Touch Screen and encoder wheel <input type="checkbox"/> Date And Time			
USB Port Operation	Pass	Fail	Remark
<input type="checkbox"/> Black box downloading test			
Switch to Secondary power supplies	Pass	Fail	Remark
<input type="checkbox"/> Switchchover to interchangeable battery <input type="checkbox"/> Switchchover to Main (AC)			
<input type="checkbox"/> Switchchover to internal battery <input type="checkbox"/> Start-Up on Battery			
Maintenance menu - check valves	Pass	Fail	Remark
<input type="checkbox"/> Internal Battery cycles <input type="checkbox"/> Buzzer safety supply test			
Sensor Calibration	Pass	Fail	Remark
<input type="checkbox"/> Patient Pressure Sensor <input type="checkbox"/> Atmospheric Pressure Sensor <input type="checkbox"/> O2 Pressure Sensor			
<input type="checkbox"/> Inspiratory flow Sensor <input type="checkbox"/> O2 flow Sensor			
Automatic Tests	Pass	Fail	Remark
<input type="checkbox"/> Tests Successful			

Comment : _____

Tested By :

(Signature) _____

(Name)

Customer Service