



บริษัท โขวิค จำกัด
XOVIC CO., LTD.

448, 450 Soi Supharaj, Phaholyothin Rd., Samsaen Nai,
Phyathai, Bangkok 10400, Thailand
Tel: 02 090-2591/4 Ext.229 [Service Dept.]
Fax: 02 270-0513 [Service Dept.]
เลขประจำตัวผู้เสียภาษี : 0105529003833

Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME		DEPARTMENT	
INSTRUMENT	Ventilator	MANUFACTURE	Puritan Bennett
MODEL NUMBER	PB840	BDU SERIAL NO.	
Ventilator Software Version		GUI SERIAL NO.	
Option		COMP. SERIAL NO.	
<input type="checkbox"/> BiLevel	<input type="checkbox"/> PAV+	<input type="checkbox"/> LC	BPS SERIAL NO.
<input type="checkbox"/> VV+	<input type="checkbox"/> TC	<input type="checkbox"/> RM	
<input type="checkbox"/> NeoMode	<input type="checkbox"/> NeoMode 2.0	<input type="checkbox"/> Trending	Operational Hour :
<input type="checkbox"/> Neonatal	<input type="checkbox"/> Neo Update		Ventilator : Hr.
			Compressor : Hr.

DATE _____ Next Due _____ Period of PM _____ Months

Service / Calibrations Performed	Action	Remark
Ventilator Warm-UP Cycle (10 Minutes)	<input type="checkbox"/> Verified	
Flow Sensor Calibration Complete	<input type="checkbox"/> Verified	
Expiratory Valve Calibration Complete	<input type="checkbox"/> Verified	
Atmospheric Pressure Transducer Calibration Complete	<input type="checkbox"/> Verified	
Extended Self-Test (EST)	<input type="checkbox"/> Verified	
Forced Vent INOP Test	<input type="checkbox"/> Verified	
Oxygen Sensor Calibration	<input type="checkbox"/> Verified	<input type="checkbox"/> Limited Use
SST Passed <input type="checkbox"/> Adult (22 mm) <input type="checkbox"/> Pediatric (15 mm)	<input type="checkbox"/> Verified	
Serial Loopback Test	<input type="checkbox"/> Verified	
Performance Verification Test	<input type="checkbox"/> Verified	Attached a copy of test result
Electrical Safety Test (IEC60601)	<input type="checkbox"/> Verified (Every 1 Year)	Attached a copy of test result

Overall Test Result: PASS / FAIL

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service