



บริษัท โฆวิด จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

| | | | |
|--|-----------------------------------|--------------------------------------|------------------|
| HOSPITAL NAME | | DEPARTMENT | |
| INSTRUMENT | Ventilator | MANUFACTURE | Puritan Bennett |
| MODEL NUMBER | PB980 | BDU SERIAL NO. | |
| Ventilator Software Version | | GUI SERIAL NO. | |
| Option | | COMP. SERIAL NO. | |
| <input type="checkbox"/> BiLevel 2.0 | <input type="checkbox"/> PAV+ | <input type="checkbox"/> Leak Sync | |
| <input type="checkbox"/> Capnography | <input type="checkbox"/> Neonatal | <input type="checkbox"/> NeoMode 2.0 | |
| <input type="checkbox"/> Enhanced Service Mode | | | |
| | | Operational Hour : | Ventilator : Hr. |
| | | | Compressor : Hr. |

DATE _____ Next Due _____ Period of PM _____ Months

| Service / Calibrations Performed | Action | Remark |
|---|--|--------------------------------|
| Download All Logs from Ventilator | <input type="checkbox"/> Verified | |
| Upload All Logs via ESS | <input type="checkbox"/> Verified | |
| Download Device Information via ESS | <input type="checkbox"/> Verified | |
| Attach Device Information together with PVT test result | <input type="checkbox"/> Verified | |
| Ventilator Warm-UP Cycle (15 Minutes) | <input type="checkbox"/> Verified | |
| Electrical Safety Test (IEC60601) | <input type="checkbox"/> Verified (Every 1 Year) | Attached a copy of test result |

| SERVICE MODE TESTS / CALIBRATIONS | | | |
|-----------------------------------|-------------------------------|------------------------------|--------------------------------------|
| Parameter | Result | | |
| Atmospheric Pressure calibration | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Touch Screen calibration | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Flow Sensor calibration | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Exhalation Valve calibration | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Extended Self-Test (EST) | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| External Ports test | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Vent INOP test | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Adult Short Self-Test (SST) | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Pediatric Short Self-Test (SST) | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Neonatal Short Self-Test (SST) | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Fail |
| Oxygen Sensor calibration | <input type="checkbox"/> Pass | <input type="checkbox"/> N/A | <input type="checkbox"/> Limited Use |

Overall Test Result: PASS / FAIL

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service