



บริษัท โขวิทย์ จำกัด
XOVIC CO., LTD.

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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT **Patient Monitor** MANUFACTURE **Philips** MODEL _____

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

Action	Pass	Fail	Remark
Visual Inspection			
Power On Test			
Basic Performance Assurance Test			
ECG Performance Test			
ECG Out Performance Test			
SpO2 Performance Test			
NBP Test			
Invasive Pressure Performance Test			
Temperature Accuracy (in degrees C)			
Mainstream CO2 Accuracy Check			
Sidestream CO2 Accuracy Check			
Cardiac Output Performance Test			
Power Loss Alarm Buzzer Performance Test			
Battery Performance Test			
Touchscreen Calibration			
Disabling/Enabling Touch Operation			
Print Test Report			
Cleaning			

Overall Test Result: **PASS / FAIL**

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service