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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME		1	DEPARTMENT			
INSTRUMENT	Patient Monitor	MANUFACTURE	GETINGE	MODEL PulsioFlex PC400		
SERIAL NUMBER	F21400012956			_		
DATE	6 September 2024	Next Due	5 March 2025		Period of PM	6 Months
Action				Pass	Fail	Remark
Visual Inspection						
Type label existing	g, readable and correct					
Serial number laber existing, readable and correct						
Connection labels are existing, readable and correct						
All cables labeled						
Housing undamaged						
Base plate screws locked tight						
Screws covers applied						
Patient connections fixed tigt						
Power On-LED functional						
Display Check						
Date-Time Check						
Touch Screen Check						
Speaker Test						
LiMON connection test						
Calibration check	Printout					
Cleaning						
Overall Test Result Comments :	:: PASS / FAIL					
				Tested By : (Signature) (Name)		

Customer Service