



บริษัท ไซวิท จำกัด
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Preventive Maintenance

HOSPITAL CONTROL NO. _____

HOSPITAL NAME _____ DEPARTMENT _____

INSTRUMENT **Telemetry** MANUFACTURE **Philips** MODEL _____

SERIAL NUMBER _____

DATE _____ Next Due _____ Period of PM _____ Months

Action	Pass	Fail	Remark
Visual Inspection			
Power On Test			
System Operation			
Key Panel and LED Light			
Display And Touch Screen			
Display dot Pixel			
Basic Performance Assurance Test			
ECG Test			
SpO2 Test			
Audible Alarms			
Electrode, Lead Wire			
Connection to Other Device (Central Monitor)			
Cleaning			

Overall Test Result: PASS / FAIL

Comments :

Tested By :
(Signature) _____

(Name)

Customer Service