



บริษัท ไซวิท จำกัด  
XOVIC CO., LTD.

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## Preventive Maintenance

HOSPITAL CONTROL NO. \_\_\_\_\_

HOSPITAL NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

INSTRUMENT **XDS** MANUFACTURE **Philips** MODEL \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ Next Due \_\_\_\_\_ Period of PM \_\_\_\_\_ Months

Action	Pass	Fail	Remark
Visual Inspection			
Date & Time			
Power On Test (Switch,Key Panel,LED)			
System Operation			
Network Test			
Software XDS Operating Test			
Sharpness			
Brightness & Contrast			
Audible Alarms			
Display Operation			
Touch Screen Test			
Disabling/Enabling Touch Operation			
Fan & Filter			
Cleaning			

Overall Test Result: **PASS / FAIL**

Comments :

\_\_\_\_\_

\_\_\_\_\_

Tested By :  
(Signature) \_\_\_\_\_

(Name)

Customer Service