

KEMENTERIAN KESIHATAN MALAYSIA

BEMS Planned Preventive Maintenance Checklist

Scanning Systems, Ultrasonic, General Purpose

TYPE CODE : 15-976

CHECKLIST NO: 15976-183

PPM YTD: (__/2)

PART 1 ASSET DETAILS WORK ORDER NO ASSET NO MANUFACTURER Medison Co Ltd MODEL SonoAce B7 FREQUENCY 3 MONTHLY () 6 MONTHLY (✓) 12 MONTHL\PPM HOURS 2.00 PART 2 SPECIAL PRECAUTION If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it. Wear appropriate Personnel Protection Equipment (PPE) during work. Wear grounded electrostatic wristband when handling PCB or electronic components. Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines. Make sure the test equipment used are duly calibrated. PART 3 TEST APPARATUS Tick ($\sqrt{}$) where appropriate **DESCRIPTION** ASSET NO / SERIAL NO CALIBRATION DUE ON **ELECTRICAL SAFETY ANALYZER** TISSUE PHANTOM PART 4 QUALITATIVE TASKS **PASS** FAIL 1. Chassis - verify physical integrity, 10. Indicators/ Displays - verify) ()) () cleanliness and condition proper illumination and 2. Mount/ Fasteners - verify physical 11. Alarm/ Audible Signal -) (integrity verify operation 12. Printer - verify operation 3. Casters/Brakes - if mounted, verify and condition physical integrity 13. Trackball - verify smooth 4. Power Cord - verify proper insulation movement of cursor and) (and integrity cleanliness of trackball. 14. Transducer - verify echo is 5. Strain Relief - verify physical good and no darkband on all integrity at both ends of line cord) (probe echo 6. Transducers/Cables - verify integrity 15. Color Doppler - verify echo and condition with the color flow clearlly seen) () on image. 16. Doppler - verify echo with 7. Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating forward and reverse flow is)) (of external fuse audible on speaker. 8. Fittings/ Connectors - check all fittings/connectors 9. Controls/ Switches/ Keypad - verify proper operation of controls PART 5 PREVENTIVE MAINTENANCE TASKS Tick ($\sqrt{}$) where appropriate DONE NOT DONE ** DONE NOT DONE ** 3. Cleaniness of PWB - check 1. Cleanliness - clean interior and) ()) () and clean PWB of any dust. exterior of the equipment 2. Clean Transducers/Cables) () (4. Exhaust Fan - clean and checl () (*For all parts, NA defined as NOT APPLICABLE **If you have ticked 'NOT DONE', then input relevant remarks in Part 8 ***Choose whichever applicable. Please indicate in Part 8 for any part replaced

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PART 6 QUANTITATIVE TASKS

Tick ($\sqrt{\ }$) where appropriate							
Description	UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1 Thissue Phantom Testing							
i) Lateral Resolution Check	mm	2		1.6 – 2.4	()	()	()
	mm	3		2.6 – 3.4	()	()	()
	mm	4		3.6 – 5.4	()	()	()
	mm	5		4.6 – 5.4	()	()	()
ii) Axial Resolution Check	mm	1		0.6 – 1.4	()	()	()
	mm	2		1.6 – 2.4	()	()	()
	mm	3		2.6 – 3.4	()	()	()
	mm	4		3.6 – 4.4	()	()	()
	mm	5		4.6 – 5.4	()	()	()
iii) Near and Far Region Check	mm	1		0.6 – 1.4	()	()	()
iv) Pin Distance Check	mm	10		9.6 – 10.4	()	()	()
	mm	20		19.6 – 20.4	()	()	()

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DATE :

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	Sca	anning Systems	PPM YTD : (/ 2)		
WORK ORDER NO ▶					
PART 7 ELECTRICAL SAFE	TY TEST				
ELECTRICAL SAFETY TEST, (at	tach report)				
(In accordance to MS IEC 60601/	60610/62353) PASS	☐ FAIL	□ NA		
	PASS	FAIL	□ NA		
PART 8 NOTES					
Reference: Service Manual, Medison Co Ltd, Soi	noAce R7, chapter 6 a	and chapter 10.			
CORRECTIVE MAINTEN.	ANCE REQUIRED		FUNCTIONING		NING
WORK ORDER NO ▶				NEXT PPM DAT	
PPM has been performed in accorda	nce to the checklist				
COMPLETED BY :					

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