ALTAMEDICA INCORPORATED

QUALITY CONTROL FORM

Equipment Details	
Equipment Type:	**Date:**
Model:	**Manufacturer:**
Serial Number:	**Manufacture Date:**

Checklist

Electrical	Pass	Fail	N/A	Others	Pass	Fail	N/A
1. Power Cord				1. Buttons			
2. Power Cord Socket				2. Knobs			
3. Power Supply / Adapter				3. Touch Screen			
4. Boards (Mother, Driver, etc.)				5. Casing / Body			
5. Wires / Connectors				6. Display Screen			
6. Electrical / Optical Sensors				7. Software			
7. Ground wire				8. System Unit			
Mechanical				9. Timer			
1. Motors				10. Speed			
2. Vertical Motion Assembly				Please list the items that are not mentioned below			
3. Horizontal Motion Assembly							
4. Rotating Assembly (Rotors)							
5. Valves							
6. Pumps							
7. Mechanical Sensors							
8. Printer							
9. Tubes							
10. Probes / Needles							

Remarks

Overall Performance: _____ Pass / _____ Fail

Acknowledgement

Performed by:	**Approved by:**
Position:	**Position:**