

Service Protocol Technical Safety Check – Every 24 Months

Unit: Perfusor® compact^{plus}

Manufacturer: B. Braun Melsungen AG



Observe the Service Manual and the Instructions for Use. All measured values are to be documented. Accessories used should be included in testing. Make exclusive use of calibrated measuring equipment. All text fields must be completed or crossed out (e.g., use of **N/A**).

Owner

Article No. (REF)

Serial No. (SN)

Software Version (SW)

e.g. I0002A0008

Inventory No. (of the Owner)

1. Visual Inspection

Perfusor® compact^{plus}:

1. Cleanliness, completeness, no damage and defects affecting safety, integrity and readability of the labels.

Particularly:

2. Housing

3. Screw covers

4. Syringe holder, fastening, drive head

5. Membrane plate

6. Keypad/display

7. Accessory connector

8. IR window

9. Mains power supply connection

Visual Inspection of

Perfusor® compact^{plus} passed:
☐ Yes ☐ No
Accessories:

1. Cleanliness, completeness, no damage and defects affecting safety, integrity and readability of the labels.

2. Check the unit and the accessories for compatibility

3. Mains power supply cable (if available)

Visual Inspection of
Accessories passed:
☐ Yes ☐ No ☐ N/A

2. Electrical Safety (According to IEC 62353)

1. Protective conductor resistance of
mains connecting line
($\leq 0.1 \Omega$)_____ Ω

2. Measure mains voltage

_____ V~

3. Equipment leakage current
(direct method for devices of protection
class II)($\leq 10 \mu A$)_____ μA

Measure between mains input and
pin 3 of accessory connector. Use the
Measuring Adapter Accessory
Connector CP.

Electrical Safety passed:

☐ Yes ☐ No

3. Functional Inspection		
Mechanical test 1. Press the release button 2. Pole clamp 3. Axial clearance of drive Functional test <i>Connect unit to mains power supply:</i> 4. Status display <i>Switch on unit with mains power supply:</i> 5. Self-test 6. Information on display 7. Audible alarm 8. Visual alarm	Functional test (Cont.) <i>Switch on unit w/o mains power supply:</i> 9. Self-test 10. Battery test 11. Syringe fastening 12. Syringe recognition 13. Infusion 14. Buttons on the operating unit 15. Trigger bolus at the device 16. Staff call	Strain gauge pressure measurement Pressure cut-off: Syringe type = #Syringe gauge OPS 50, delivery rate = 200 mL/h. 17. Pressure stage 1 (9...15 N) ____ N 18. Pressure stage 8 (63...76 N) ____ N 19. Error message "Alarm / Pressure Alarm" at every pressure stage After pressure stage 8, use the Syringe gauge lock to relieve the pressure. Functional Inspection passed: <input type="radio"/> Yes <input type="radio"/> No

Mech. Aids and Measuring Equip. Used		
Yes <input type="checkbox"/> Syringe 50 mL Ref. No.: _____ <input type="checkbox"/> Syringe 20 mL Ref. No.: _____ <input type="checkbox"/> Syringe 3 mL Ref. No.: _____ <input type="checkbox"/> Disposables Type: _____ Part No.: _____	Yes <input type="checkbox"/> Syringe gauge Ident. No.: _____ Calibrated until: _____ <input type="checkbox"/> Safety tester Ident. No.: _____ Calibrated until: _____ <input type="checkbox"/> Multimeter Ident. No.: _____ Calibrated until: _____	Yes <input type="checkbox"/> Measuring Adapter Accessory Connector CP <input type="checkbox"/> Syringe gauge lock PCP <input type="checkbox"/> _____ <input type="checkbox"/> _____

Customer Accessories Used		
Yes <input type="checkbox"/> Mains power supply cable <input type="checkbox"/> Staff call cable compact ^{plus}	Yes <input type="checkbox"/> USB service adapter CP <input type="checkbox"/> Connection lead 12V	Yes <input type="checkbox"/> _____ <input type="checkbox"/> _____

Test result: Defects were found that could endanger patients, personnel or third parties:

- ☐ Yes
☐ No

TSC was passed:

- ☐ Yes
☐ No

Device must be repaired:

- ☐ Yes
☐ No

Special features / documentation:

Note: The TSC ensures that the unit meets all relevant safety criteria according to the technical specification at the time of the test. After the test has been successfully passed, the unit can be used on the patient.

Inspection performed by:

Unit handed over on:

To

Date / Signature:

Next TSC deadline:



Na základě zkoušek provedených dle
protokolu výše přístroj
VYHOVUJE
podmínkám použití dle platné legislativy.

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