

Version 1TSC

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 | 6. Keypad/display |
| 3. Screw covers | 7. Accessory connector |
| 4. Syringe holder, fastening, drive head | 8. IR window |
| 5. Membrane plate | 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
(≤ 0.1 Ω) | _____ Ω | 3. Equipment leakage current
(direct method for devices of protection class II)
(≤ 10 µA) _____ µA |
| 2. Measure mains voltage | _____ V~ | 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	Functional test (Cont.)	Strain gauge pressure measurement
1. Press the release button	Switch on unit w/o mains power supply:	Pressure cut-off: Syringe type = #Syringe
2. Pole clamp	9. Self-test	gauge OPS 50, delivery rate = 200 mL/h.
3. Axial clearance of drive	10. Battery test	17. Pressure stage 1 (9...15 N) ____ N
Functional test	11. Syringe fastening	18. Pressure stage 8 (63...76 N) ____ N
Connect unit to mains power supply:	12. Syringe recognition	19. Error message "Alarm / Pressure Alarm"
4. Status display	13. Infusion	at every pressure stage
Switch on unit with mains power supply:	14. Buttons on the operating unit	After pressure stage 8, use the Syringe
5. Self-test	15. Trigger bolus at the device	gauge lock to relieve the pressure.
6. Information on display	16. Staff call	
7. Audible alarm		
8. Visual alarm		
		Functional Inspection passed: <input checked="" type="radio"/> Yes <input type="radio"/> No

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

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

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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
VYHOUVUJE
podmínkám použití dle platné legislativy.



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