# CT BrightSpeed, BrightSpeed Select, RT, Optima CT520, Optima CT540, Brivo CT385 4879 Installation Data Form

#### **Customer Information**

Customer Name

Customer Name is required.

Customer name should not exceed 50 characters.

Service Record #:

Service Record Number is required.

System ID/ Serial Number

System ID Number is required.

Service Type

**Customer Equipment ID:** 

Service Manual Document #

Software Version:

PM Frequency:

Form Status: Complete Incomplete

Start Date

Country

Customer Country is required.

Modality

Mechanical Lead Installer or N/A if GE FE

Mechanical Installer Company or N/A if GE

By completing and submitting this form you verify that the information in this form is correct and represents the system as it was installed.

#### **Compliance**

#### Federal / State Compliance

Scanner Information- Certified Components	Model Number	Serial Number	Results	Comments
Collimator			Result selection is required.	Comments Please provide a comment.
Master Control Console			Result selection is required.	Comments Please provide a comment.
Gantry			Result selection is required.	Comments Please provide a comment.
HV Tank			Result selection is required.	Comments Please provide a

Scanner Information- Certified Components	Model Number	Serial Number	Results	Comments
				comment.
Table			Result selection is required.	Comments Please provide a comment.
Xray Tube Casing			Result selection is required.	Comments Please provide a comment.
Xray Tube Insert			Result selection is required.	Comments Please provide a comment.

#### **System Components Location**

Task	Results	Comments
System Components are installed in the location identified by GE Healthcare drawings.	Result selection is required.	Comments Please provide a comment.

#### **Shielding Plans**

NOTE:

Shielding Plans are required for specific U.S.A. states of installation. The State specific requirements are: Arkansas required for new construction District of Columbia: Customer copy of the Plan is submitted. North Carolina, South Carolina, and Washington: required

Task	Results	Comments
GE Healthcare site drawings match State approved shielding plans.	Result selection is required.	Comments Please provide a comment.

## **Mechanical Install**

#### **Table / Gantry Alignment**

Task	Expected Re	sults		Results		Comments	
Cradle Level - X direction	Bubble centered finder	l in	Result selection is required.		Comments Please provide a comment.		
Cradle Level - Z direction	Bubble centered finder	l in	Res	Result selection is required.		Comments Please provide a comment.	
Task				Measured as Found	If Adj or N/A	Results	Comments
Task: Cradle is level in a directions.(degree and d		-0.1	0.1				Comment is required.

Task Results Comments

Table/Gantry alignment was completed per Book 1 of the Installation Manual.

Result selection is required.

Comments
Please provide
a comment.

Task		_	Measure as Found	Λr	•	Results	Comments
Task: Table/Gantry alignment is within specification. (CT7X/8X, BrightSpeed, Optima CT540) (mm and mm)	-1	1					Comment is required.
Task: Table/Gantry alignment is within specification. (BrightSpeed Select, Optima CT520, Brivo CT385) (mm and mm)	-3	3					Comment is required.
Task: Table/Gantry alignment (Test 1, Test 2, Test 3) is within specification. (RT series)(mm and mm)	-2	2					Comment is required.
Task: Gantry zero degree tilt measurement is within specification. (Brivo CT385, ignore this item)(degree and degree)	-0.14	0.14					Comment is required.
GE Supplied 8 Inch Anchors (2106573) GE Supplied (5487992-2)	7 Inch	n Anch				ptima CT s (547999	Siinnlied
Task		_	Measure as Found	Λr	•	Results	Comments
Gantry GE Supplied 8 Inch Anchors (2106573) Task: Gantry - Measure the length of all anchors extending above the securing nut and record only the min and max value found from all anchors (only 2 entries - Min, Max - in Observed Result field). (mm)		33					Comment is required.
Gantry GE Supplied 8 Inch Anchors (2106573) Task: Gantry - Anchor torque used is entered in the field to the right and is within the specification limits. (N-m: 55 ft-lb)	75	75					Comment is required.
Task		_	Measure as Found	Λr	•	Results	Comments
Gantry - GE Supplied 7 Inch Anchors (5487992-2) Task: Gantry - Measure the length of all anchors extending above the securing nut and record only the min and max value found from all anchors (only 2 entries - Min, Max - in Observed	13	25					Comment is required.

	_		If Adj or N/A	Results	Comn	nents
54	54				Comment is 1	equired.
	_		If Adj or N/A	Results	Comn	nents
24	33				Comment is r	equired.
50	50				Comment is 1	required.
	R	esults			Comments	
sult sel	ection i	s required.				nent.
sult sel	ection i	s required.				nent.
	•	•		GT650L	BS Anchors	Non-GE Supplied Anchors
	_		If Adj or N/A	Results	Comn	nents
	33 75					
	54  Low Spece 24  50  Low Spece 24  Low Spece 24	Spec Spec  54 54  Low High Spec Spec  24 33  50 50  R sult selection i sult selection i ch GE Sup 2-2) Table A Low High Spec Spec  Low High Spec Spec	Low High Measured Spec Spec as Found  24 33  50 50  Results sult selection is required. sult selection is required. ch GE Supplied Lite/12-2) Table Anchors (54  Low High Measured Spec Spec as Found  ae dd 24 33	Low High Measured Spec Spec as Found  154 54  Low High Measured Spec Spec as Found  15 Adjor N/A  24 33  The sults sult selection is required.  Sult selection is required.  Sult selection is required.  Sult selection is required.  Check GE Supplied Lite/Kunlun (2-2) Table Anchors (5479996)  Low High Measured Spec Spec as Found  16 Adjor N/A  18 Adjor N/A	Low High Measured Spec Spec as Found N/A  Low High Measured Spec Spec as Found N/A  Results  Results  Results  Results  Comme Please J  Comme	Low High Measured Spec Spec as Found N/A  Low High Measured Spec Spec as Found N/A  Low High Measured Spec Spec as Found N/A  Results Comment is a C

Task		_	Measured as Found	If Adj or N/A	Results	Comments
and N-m(55)						
Task		_	Measured as Found	If Adj or N/A	Results	Comments
Table - GE Supplied 7 Inch Anchors (5487992-2) Task: Table - Measure the length of all anchors extending above the securing nut and record only the min and max value found from all anchors (only 2 entries - Min, Max - in Observed Result field).(mm and mm)	13	25				Comment is required.
Table - GE Supplied 7 Inch Anchors (5487992-2) Task: Table - Anchor torque used is entered in the field to the right and is within the specification limits. (GT 1700/2000, VT1700V).(N-m(40 and N-m(40)	54	54				Comment is required.
Task		_	Measured as Found	If Adj or N/A	Results	Comments
Table - GE Supplied Lite/Kunlun Anchors (5479996) Task: Table - Anchor torque used is entered in the field to the right and is within the specification limits (Lite table and Kunlun table) (N-m(37 and N-m(37)	50	50				Comment is required.
Task		_	Measured as Found	If Adj or N/A	Results	Comments
Table - GE Supplied GT650LBS Anchors (5314211) Task: Table - Measure the length of all anchors extending above the securing nut and record only the min and max value found from all anchors (only 2 entries - Min, Max - in Observed Result field).(mm and mm)	24	33				Comment is required.
Table - GE Supplied GT650LBS Anchors (5314211) Task: Table - Anchor torque used is entered in the field to the right and is within the specification limits (GT650LBS)(N-m(60 and N-m(60)	81	81				Comment is required.
Task Data		Res	sults		(	Comments
Table - Anchor type Resul	t selec	tion is	required.		Commen	ts

Task Data Results Comments

Please provide a comment.

Comments

Table - Anchor supplied by Result selection is required.

Result selection is required.

Comments

Please provide a comment.

## Floor Type

Task	Procedure	Measured as Found	f Adj or N/A	Pass/I	Fail	Spec		Comments
					>	= 102	Comm	ent is required.
	Task			Data		Results		Comments
If the Floor type enter material and thickness enter 'NA' in the field.	in the field to the r	•	e		esult s	election l.	is	Comments Please provide a comment.
	Task				Re	sults		Comments
Floor thickness, level a specification	and material confor	ms to the	Resi	ult seled	ction is	s require	d.	Comments Please provide a comment.

## **System Interconnect Cables Continuity Test**

Task	Results	Comments
Mechanical installation procedures were followed.	Result selection is required.	Comments Please provide a comment.
All continuity tests passed.	Result selection is required.	Comments Please provide a comment.
All cables are secured within their raceways without being damaged or pinched.	Result selection is required.	Comments Please provide a comment.

#### **Mechanical Installation Tasks**

Task	Results	Comments
Injector installation completed.	Result selection is required.	Comments Please provide a comment.
Dollies and lean carts returned.	Result selection is required.	Comments Please provide a comment.
Gantry bearing inspection completed.	Result selection is required.	Comments Please provide a comment.
All customer ordered hardware options are installed.	Result selection is required.	Comments Please provide a comment.

Floor Type 6

#### **Schedule**

#### **Electrical Install**

System Warning Labels

Laser Warning Labels

NOTE:

The warning label installed must be written in the appropriate language for the Country the system is installed in

Task	Results	Comments
Laser warning labels are installed on the lower right corner of the Gantry (near the floor) and near each laser window opening in the Gantry covers.	Result selection is required.	Comments Please provide a comment.
Laser warning labels are in the appropriate language.	Result selection is required.	Comments Please provide a comment.

#### **SCIM/GSCB Warning Labels**

Task	Results	Comments
The SCIM/GSCB Xray warning indicator is attached to the SCIM/GSCB.	Result selection is required.	Comments Please provide a comment.
The SCIM/GSCB Xray warning statement is in the appropriate language	Result selection is required.	Comments Please provide a comment.

#### **Gantry/Table Warning Labels**

Task	Results	Comments
All warning labels were installed following the System Installation Manual.	Result selection is required.	Comments Please provide a comment.
All warning labels are in the appropriate language as defined in Direction 5221102-1EN.	Result selection is required.	Comments Please provide a comment.

## **User Interface Language**

NOTE:

The UI is expected to be in the language appropriate for the country in which this system is installed, according to Direction 5221102-1EN. If an authorized site representative chooses another UI language, record the following information and select 'Completed' in Results. Otherwise record NA and select 'N/A- Different language not requested' in Results.

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Task	Required Information 'NA'	tion or	Results	Comments
Radiology Manager (or equivalent)			Result selection is required.	Comments Please provide a comment.
Date of discussion			Result selection is required.	Comments Please provide a comment.
Language selected			Result selection is required.	Comments Please provide a comment.
Task			Results	Comments
Appropriate or Requested lan	nguage is installed.	Resi	ult selection is required.	Comments Please provide a comment.
Alignment Lights				
Task			Results	Comments
Internal axial lights are funct	cional and aligned.	Result	t selection is required.	Comments Please provide a comment.
External axial lights are func	ctional and aligned.	Result	t selection is required.	Comments Please provide a comment.
Coronal lights are functional	and aligned.	Result	t selection is required.	Comments Please provide a comment.
External Alignment lights are present).	e functional (if	Result	t selection is required.	Comments Please provide a comment.
Table Cradle alignment light passed.	accuracy test	Result	t selection is required.	Comments Please provide a comment.
<b>Auto Voice</b>				
Task			Results	Comments
Auto Voice volume has been	adjusted.	Result	t selection is required.	Comments Please provide a

Auto Voice volume has been adjusted.

Result selection is required.

Please provide a comment.

Comments

Patient speaker volume has been adjusted.

Result selection is required.

Please provide a comment.

Comments

Please provide a comment.

Comments

Please provide a comment.

Comments

Please provide a comment.

Please provide a comment.

#### **Documentation**

Task	Results	Comments
FE documentation received for all components installed.	Result selection is required.	Comments Please provide a comment.
Customer documentation received for all components installed.	Result selection is required.	Comments Please provide a comment.
Operator's manual, in the appropriate language, has been provided to the Director of Radiology (or equivalent).	Result selection is required.	Comments Please provide a comment.

## **System Options**

Task	Results	Comments
Advantage 4D - installed (if present).	Result selection is required.	Comments Please provide a comment.
Cardiac Option - installed (if present).	Result selection is required.	Comments Please provide a comment.
Remote Monitor - installed (if present).	Result selection is required.	Comments Please provide a comment.
Smart Step - installed (if present).	Result selection is required.	Comments Please provide a comment.
UPS - installed (if present).	Result selection is required.	Comments Please provide a comment.

## **System Tests**

#### Cable / Clearance

Task	Results	Comments
Patient Touch Leakage test was performed and the results indicate a passing condition.	Result selection is required.	Comments Please provide a comment.
System network connections are complete and tested.	Result selection is required.	Comments Please provide a comment.
Table Height characterization was performed and the results indicate a passing condition.	Result selection is required.	Comments Please provide a comment.
Interference test was performed and the results indicate a passing condition.  NOTE:	Result selection is required.	Comments Please provide a comment.

The cradle extender must be installed for this test.

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Task	Results	Comments
Gantry tilt verification test was performed and the results indicate a passing condition (Brivo CT385, ignore this item and select N/A)	Result selection is required.	Comments Please provide a comment.
Gantry tilt alignment procedure was performed and the results indicate a passing condition. (Brivo CT385, ignore this item and select N/A)	Result selection is required.	Comments Please provide a comment.

# **System Ground Chassis Leakage**

Task	Observed Results	Results	Comments
Console ground wire measurement indicates a passing condition of <= 5 mA		Result selection is required.	Comments Please provide a comment.
Gantry ground wire measurement indicates a passing condition of <= 5 mA		Result selection is required.	Comments Please provide a comment.
PDU ground wire measurement indicates a passing condition of <= 5 mA		Result selection is required.	Comments Please provide a comment.
Table ground wire measurement indicate a passing condition of <= 5 mA		Result selection is required.	Comments Please provide a comment.
Boom-In-Room ground wire measurement (if present) indicates a passing condition of <= 5 mA (Brivo CT385, ignore this item. Enter NA)		Result selection is required.	Comments Please provide a comment.

# **Tomographic Plane Indicator Accuracy**

#### NOTE:

If scan location S1.0 or scan location I1.0 has the darkest bar, the system meets the desired specification.

Task	Low High Me Spec Spec as	or Res	ults Comments
Task: Internal landmark scan plan deviation test indicates a passing condition.(mm and mm)	-1.0 1.0		Comment is required.
Task: External landmark scan plan deviation test indicates a passing condition.(mm and mm)  Xray On Indicators	-1.0 1.0		Comment is required.
Alay Off indicators			
Task		Results	Comments
The SCIM/GSCB Xray On indicator illu a scan.	minates during R	esult selection is requ	Comments uired. Please provide a

System Tests 10

comment.

Task	Results	Comments
The Gantry front cover Xray On indicator illuminates during a scan.	Result selection is required.	Comments Please provide a comment.
The Gantry rear cover Xray On indicator illuminates during a scan.	Result selection is required.	Comments Please provide a comment.
The Room Xray On indicator illuminates during a scan.	Result selection is required.	Comments Please provide a comment.
The Room door interlock stops a scan when the door is open (if present).	Result selection is required.	Comments Please provide a comment.
Image Quality		
Task	Results	Comments
Image Quality test was performed and the results indicate a passing condition.	Result selection is required.	Comments Please provide a comment.
CT Number test was performed and the results indicate a passing condition.	Result selection is required.	Comments Please provide a comment.
Uniformity test was performed and the results indicate passing condition.	a Result selection is required.	Comments Please provide a comment.
Center Smudge test was performed and the results indicate a passing condition.	Result selection is required.	Comments Please provide a comment.
Center Artifact test was performed and the results indicate a passing condition.	Result selection is required.	Comments Please provide a comment.
Band test was performed and the results indicate a passing condition.	Result selection is required.	Comments Please provide a comment.
Functional System Tests		
Task	Results	Comments
Functional System Tests was performed and the results indicate a passing condition.	Result selection is required.	Comments Please provide a comment.
FE Completion Tasks		
Task Low High I Spec Spec	or Results	Comments

Xray On Indicators 11

30

60

Comment is required.

Scan Room Task: Scan room humidity

is recorded and within specification.

Low High Measured Task Results **Comments** Spec Spec as Found N/A

Units = %RH

Scan Room Task: Scan room

temperature is recorded and within 18 26 Comment is required.

specification. Units= degree Centigrade

Task Comments Results

Comments Scan room HVAC results indicate a passing Result selection is required. Please provide a condition.

comment.

**Finalization** 

Task Comments Results Comments Customer documentation was received for all Result selection is required. Please provide a components installed. comment. Comments Generator recalibration was required Result selection is required. Please provide a

comment.

Comments

Collimator recalibration was required Please provide a Result selection is required.

comment.

Comments System re-alignment was required Result selection is required. Please provide a

comment. Comments

Option DVDs are stored in the GE Service cabinet (or equivalent).

Result selection is required.

Please provide a comment.

System software CDs are stored in the GE Service cabinet (or equivalent).

Result selection is required.

Please provide a comment.

Comments

## Comments, tools, and attachments

CommentsCharacter(s) 2000

#### Tools used

Description Serial Number Add Bar Code Cal Due Date Attachments

#### **GE Representative**

Number of Signers

Name:

FSE Name is required.

SSO #:

SSO Number is required.

SSO Number is a 9 digit number.

SR#

Service Record Number is required.

Date complete

Completion Date is required.

Form complete

## **Customer Signature**

- Yes
- Not Required

**Customer Signature** 

Customer Signature is required.

Customer Signature should not exceed 50 characters.

Customer Name

Customer Name is required.

Customer name should not exceed 50 characters.

Submit FormSave Current FormValidate FormClear Form

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