

Suction Machine Inspection Form

TYPE OF UNIT: Tracheal Gastric Pleural Other _____

LOCATION _____ SERIAL NO. _____

MODEL _____ MANUFACTURER _____

POWER SOURCE: AC Line Gas Battery Other _____

ACTION		
Not Needed <input type="checkbox"/>	Needed <input type="checkbox"/>	Taken <input type="checkbox"/>
Control No. _____		
Date of Inspection: _____		
Next Inspection Due: _____		

- ATTACHMENT PLUG _____
- LINE CORD & STRAIN RELIEFS _____
- GROUNDING RESISTANCE: _____ Ohms _____
- CONDITION OF TUBING, HOSES, COUPLINGS, & BOTTLES _____
- CONTROLS & SWITCHES _____
- INDICATOR LIGHTS _____
- GENERAL CONDITION OF MACHINE _____

OK	ACTION NEEDED	ACTION TAKEN (Date & Initials)

8. LEAKAGE CURRENT (Circle unacceptable values)
- | | | |
|-----------------------------|----------|-----------------|
| | OFF | ON (List Modes) |
| PROPERLY GROUNDED | _____ uA | _____ uA |
| UNGROUND, CORRECT POLARITY | _____ | _____ |
| UNGROUND, REVERSED POLARITY | _____ | _____ |

- VACUUM GAUGE ACCURACY: Indicated _____ Actual _____
- MAXIMUM VACUUM: Low _____ High _____ (Mfr's. Spec. _____)
- RATE OF VACUUM RISE: _____ seconds to 15 inches Hg _____
- MAXIMUM FLOW RATE: _____ liters per minute. (Mfr's. Spec. _____ lpm)
- OVERFLOW PROTECTION _____
- OTHER TESTS _____

COMMENTS & DESCRIPTION OF DEFICIENCIES (Refer to item numbers) _____

- TYPE A INSPECTION TAG AFFIXED
 - TYPE B INSPECTION TAG AFFIXED
 - GROUND WARNING TAG AFFIXED
 - EQUIPMENT SERVICE REQUEST FORM COMPLETED
- INSPECTED BY _____

Apnea/Respiration Monitor Inspection Form

LOCATION _____ SERIAL NO. _____

MODEL _____ MANUFACTURER _____

INCLUDED IN MONITORING SYSTEM, MAINFRAME CONTROL NO. _____

ACTION
Not Needed <input type="checkbox"/> Needed <input type="checkbox"/> Taken <input type="checkbox"/> Removed From Service <input type="checkbox"/>
Control No. of Unit or Module
Date of Inspection:
Next Inspection Due:

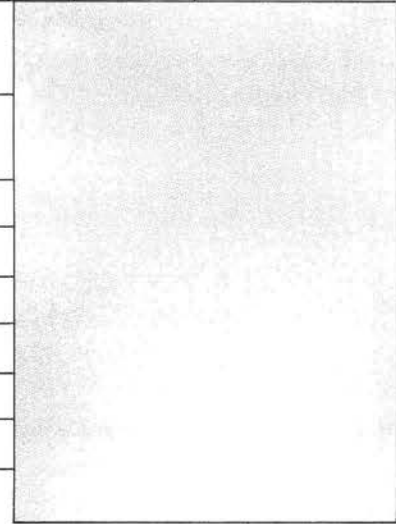
1. CONDITION OF CHASSIS OR HOUSING _____
2. CONDITION OF SUPPORTING STRUCTURE _____
3. ATTACHMENT PLUG _____
4. LINE CORD & STRAIN RELIEFS _____
5. FUSE OR CIRCUIT BREAKER _____
6. POSITION OF CONTROLS _____
7. CONDITION OF CONTROLS, INDICATORS, & METERS _____
8. CONDITION OF SENSOR, PATIENT CABLE, & CONNECTORS _____
9. GROUNDING RESISTANCE: _____ Ohms _____
10. LEAKAGE CURRENT (Circle unacceptable values): _____

OK	ACTION NEEDED	ACTION TAKEN (Date & Initials)

All currents in microamperes.

CONFIGURATION	POWER	FROM CHASSIS	FROM ELECTRODES OR SENSOR*	BETWEEN ELECTRODES
Properly Grounded	OFF			
	ON			
Ungrounded, Correct Polarity	OFF			
	ON			
Ungrounded, Reversed Polarity	OFF			
	ON			

*Indicate here if after 24-hour soak: _____



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HEALTH DEVICES PROGRAM
Form HD 319-776