

PM Report Schedule C_HHS

Customer Name: _____

Service Record #: _____ System ID or Serial #: _____

Customer Equipment ID: _____ Service Manual Doc #: _____

Software Version: _____ PM Frequency: _____

Form Status: Not Complete Start Date: _____

System Type: _____ Country: _____

Preliminary Tasks - Last PM Inspection:

Last Inspection Date : Last Schedule Completed:

List any Schedule C_HHS tasks that were completed earlier

PM A
 PM B
 PM C
 PM W
 Optional HHS Scan Data

PM Schedule Sys C

Review Error Logs

Check the task you completed and list any follow-up work scheduled.

Task	Results	Comments
System Application Stop and Start Errors		

Initial Procedures

General Gantry Inspection

Task	Results	Comments
Test Display Lights		
Test E-stops		
Test Patient Tilt Sensors		

System Options Inspection

Task	Results	Comments
Cardiac Option Inspection		

Gantry Power Off (Covers Off)

General Tasks

Task	Results	Comments
Emergency Off Switch (on wall)		
Gantry Cover Cable Inspection		
UPS Power Off Inspection		

General Console Cleaning & Inspection

Task	Results	Comments
Clean Component Filters, Fans & Grills		
Visual Fan Inspection		
Seismic Anchor Check (if necessary)		

Slip Ring & Brush Block Inspection and Maintenance

Task	Results	Comments
Remove Slip Ring Brush Debris		
Slip Ring Tracks Inspected		
Clean Brush Blocks		
Brush Tip Inspection		

CT Belt Tension & Adjustment

Task	Results	Comments
Inspect and adjust tension belt		

Gantry Filter Cleaning

Task	Results	Comments
Clean DAS Detector Plenum Filter		
Clean Detector Face Plate		
Clean Gantry Heater Filter		
Clean Top Cover Fans		
Inspect Rotating Path Components & Cables		

Gantry Power On (Covers Off)

General Tasks

Task	No. Revs since last greasing	Results	Comments
Grease Gantry Main Bearing			

Task	Results	Comments
UPS Powered and Operational		
Plenum Fans (5) Operational		

Tube Heat Exchanger & Pump

Task	Date/Tasks	Results	Comments
Inspect/clean tube heat exchanger	N/A		
Inspect/clean JEDI inverter fan	N/A		
Inspect tube heat exchanger pump (replace if necessary)	N/A		

Gantry Verifications (If required)

Task	Results	Comments
HV Tank Resistor Verification		
Meter Verification		
HHS Scans		

Task (CT750 HD Only)	Results	Comments
GSI Meter Verification		

Gantry Power On (Covers On)

General Tasks

Task	Results	Comments
Scan Window Inspection/Replacement		
Inspect Rotational Clearances		

General Table Cleaning & Inspection

Task (Functional Check)	Readings	Results	Comments
Table min height			
Table max height			
Gantry tilt S30 min height			
Gantry tilt S30 max height			
Gantry tilt I30 min height			
Gantry tilt I30 max height			

Finalization

System Scanning Test

Task	QA Phantom Serial #	Location	Gantry Serial #
Scans	Scan Failures	Artifacts	Comments
Series 1 (Scout/Auto Voice)			
Series 2 (Axial/Tilt)			
Series 3 (Helical/Auto Voice)			
Task	Select	Comments	
X-ray On Indicators			
Scan Control Pushbuttons Test			

Finishing Up

Task	Pass	Fail	Comments
Save State Completed	<input type="checkbox"/>	<input type="checkbox"/>	
Update Site Log	<input type="checkbox"/>	<input type="checkbox"/>	
Complete PM Paper Work	<input type="checkbox"/>	<input type="checkbox"/>	
Complete Customer Reports	<input type="checkbox"/>	<input type="checkbox"/>	

GSI Meter Verification - Complete for CT750 HD Only

Selected Protocol	Measured kV	Measured mA	Results	Comments
GSI Protocol 1				
GSI Protocol 2				
GSI Protocol 3				

Appendix: HHS Data

Verify mA and kV Meter

Recorded mA Low Scale and High Scale, the difference between two measurements should appear in the delta column, limits is +/-3.0 mA.

Recorded kV value, the limits is not applicable for the kV delta column.

Requested mA/kV	DMM Reading	AD	Delta	Pass/Fail	Comments
mA Low Scale					
mA High Scale					
kV					

HV Tank Feedback Resistor Verification

To pass the kV check, all four of the following conditions must be met:

- 1) The Measured kV must be within +/- 3% of the Requested kV.
- 2) The kV mA Tool Screen reading must be within +/- 3% of the Requested kV.
- 3) Both measurements (scope measured & screen) must be within +/- 2% of the Requested kV.
- 4) The internal scan timer measurement should be within +/-4%.

Requested kV	On Screen kV	Measured kV	Pass/Fail	Comments
80 kV				
100 kV				
120 kV				
140 kV				
Scan timer value	N/A			

HHS Scan Data

Small Focal Spot		On Screen Data				Results	Comments
kV	mA	kV	mA	5ms mA	Time		

80							
80							
80							
80							
80							
80							
80							
80							
80							

HHS Scan Data

Small Focal Spot		On Screen Data				Results	Comments
kV	mA	kV	mA	5ms mA	Time		
100							
100							
100							
100							
100							
100							
100							
100							
100							

HHS Scan Data

Small Focal Spot		On Screen Data				Results	Comments
kV	mA	kV	mA	5ms mA	Time		

120							
120							
120							
120							
120							
120							
120							
120							

HHS Scan Data

Small Focal Spot		On Screen Data				Results	Comments
kV	mA	kV	mA	5ms mA	Time		
140							
140							
140							
140							
140							
140							
140							
140							

HHS Scan Data

Large Focal Spot		On Screen Data				Results	Comments
kV	mA	kV	mA	5ms mA	Time		

80							
80							
80							
80							
80							
80							
80							
80							

HHS Scan Data

Large Focal Spot		On Screen Data				Results	Comments
kV	mA	kV	mA	5ms mA	Time		
100							
100							
100							
100							
100							
100							
100							
100							

HHS Scan Data

Large Focal Spot		On Screen Data				Results	Comments
kV	mA	kV	mA	5ms mA	Time		

120							
120							
120							
120							
120							
120							
120							
120							

HHS Scan Data

Large Focal Spot		On Screen Data				Results	Comments
kV	mA	kV	mA	5ms mA	Time		
140							
140							
140							
140							
140							
140							
140							
140							

Is follow-up work required?

Service Scheduled Date:

This inspection passed and meets all GE Healthcare PM specifications

Comments:



System ID:

SR#:

Date:

Characters Remaining:

Tools Used:

Description	Serial Number	Bar Code/ Asset Tag	Cal Due Date	
				<input type="button" value="Add Tool"/> <input type="button" value="Remove Tool"/>

GE Representative:

Number of Signers

Name: _____

SSO #: _____

SR #: _____

Signature

Customer Signature: Yes Not Required



System ID:

SR#:

Date:

Date Complete _____

Form Complete

Save