

PM Report Schedule W_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 W_HHS tasks that were completed earlier

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

PM Schedule Sys W

Initial Procedures

E-Stops and Patient Tilt Sensor Inspection

| Task | Results | Comments |
|--------------------------------|---------|----------|
| Test E-stops | | |
| Emergency Off Switch (on wall) | | |
| Test Patient Tilt Sensors | | |

General Console Cleaning & Inspection

| Task | Results | Comments |
|--|---------|----------|
| Clean Component Filters, Fans & Grills | | |
| Seismic Anchor Check (if necessary) | | |

Slip Ring & Brush Block Inspection and Maintenance

| Task | Results | Comments |
|-------------------------------|---------|----------|
| Remove Slip Ring Brush Debris | | |
| Slip Ring Tracks Inspected | | |

| Task | Results | Comments |
|----------------------|---------|----------|
| CleanBrush Blocks | | |
| Brush Tip Inspection | | |

Gantry Filter Cleaning

| Task | Results | Comments |
|---|---------|----------|
| Clean Gantry Heater Filter | | |
| Inspect Rotating Path Components & Cables | | |

Tube Heat Exchanger & Jedi Fan, Pump Inspection

| 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 | | |

General Table Cleaning & Inspection

| Task | Results | Comments |
|-------------------------------------|---------|----------|
| Inspect/Clean Table Pan | | |
| Inspect Table Covers | | |
| Inspect Cradle Accessory Attachment | | |
| Check Tape Switches | | |

NGPDU

| Task | Results | Comments |
|------------------------------|---------|----------|
| Inspect Seismic Anchor Bolts | | |

System Options Inspection

| Task | Results | Comments |
|----------------------------|---------|----------|
| Nemoto Injector Inspection | | |

Gantry Verifications (Only as required by Region or Customer, Use Optional HHS Scan Schedule)

| Task | Results | Comments |
|-------------------------------|---------|----------|
| HV Tank Resistor Verification | | |
| Meter Verification | | |
| HHS Scans | | |

Quality Assurance Test

| Task | Results | Comments |
|------------------------|---------|----------|
| Scan Window Inspection | | |
| QA Phantom Inspection | | |

| Task | GE Phantom Serial # | Results | Comments |
|------------------------|---------------------|---------|----------|
| Quality Assurance Test | | | |

| Task | Results | Comments |
|--------------------------------|---------|----------|
| X-ray On Indicators Inspection | | |

Finishing Up

| Task | Results | Comments |
|------------------------|---------|----------|
| Save State Completed | | |
| Complete PM Paper Work | | |

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 Hight 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 | | | | | | Results | Comments |
|------------------|----|----|----|--------|------|---------|----------|
| On Screen Data | | | | | | | |
| kV | mA | kV | mA | 5ms mA | Time | | |
| 80 | | | | | | | |
| 80 | | | | | | | |
| 80 | | | | | | | |
| 80 | | | | | | | |
| 80 | | | | | | | |

| Small Focal Spot | | On Screen Data | | | | Results | Comments |
|------------------|--|----------------|--|--|--|---------|----------|
| 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 | | | | | | | |

| Small Focal Spot | | On Screen Data | | | | Results | Comments |
|------------------|--|----------------|--|--|--|---------|----------|
| 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 | | | | | | | |

| Large Focal Spot | | On Screen Data | | | | Results | Comments |
|------------------|--|----------------|--|--|--|---------|----------|
| 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 | | | | | | | |

| Large Focal Spot | | On Screen Data | | | | Results | Comments |
|------------------|--|----------------|--|--|--|---------|----------|
| 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:

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