



System ID:  
SR#:  
Date:

### PM Report Schedule B

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 B tasks that were completed earlier

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

### PM Schedule Sys B

#### Initial Procedures

#### Check Temperature and Humidity

Room	Temperature	Humidity	Results	Comments
Scan room Temp & Humidity				

#### General Gantry Inspection

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

#### Laser Alignment Inspection

Task	Results	Comments
Internal Alignment Lights		
External Axial to Internal Axial Distance		

#### System Options Inspection



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Task	Results	Comments
Cardiac Option Inspection		
Nemoto Injector Inspection		

**Collimator Inspection**

Task	Results	Comments
Aperture and Filter Positions and Operation		
Protective Window & Opening, Inspected/ Cleaned		

**Phantom Inspection**

Task	Results	Comments
QA Phantom Inspection		

**Gantry Power Off (Covers Off)  
General Tasks**

Task	Value	Results	Comments
Gantry Tilt Zero Check			

Task	Results	Comments
Emergency Off Switch (on wall)		
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**



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

**CT Belt Tension & Adjustment**

Task	Inspected 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		

**HV Cable Candle Stick Inspection**

Task	Inspected Results	Comments
Inspect HV Cable Candle Stick		

**Hydraulic Tilt Pump (Inspect for Leaks)**

Task	Results	Comments
Hydraulic Tilt Cylinder & Fittings		
Hydraulic Tilt Pump & Reservoir		

**NGPDU**



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Task	Results	Comments
Vacuum Covers & Inside PDU		
Inspect Electronic Components		
Torque all Connectors		
Inspect Seismic Anchor Bolts		

**Encoder**

Task	Results	Comments
Inspect Rotational Encoder Wheel		

Task	Date Last Replaced	Results	Comments
Encoder Replacement			

**Gantry Power On (Covers Off)**  
**General Tasks**

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

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

**Tube Heat Exchanger & Pump**

Task	Results	Comments
Inspect/Clean Tube Heat Exchanger		
Inspect/Clean JEDI Inverter Fan		

**Gantry Power On (Covers On)**  
**General Tasks**



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Task	Results	Comments
Scan Window Inspection/Replacement		
Inspect Rotational Clearances		

**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
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"/>	

Is follow-up work required?

Service Scheduled Date:

This inspection passed and meets all GE Healthcare PM specifications

**Comments:**

Characters Remaining:



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**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

1

Name: \_\_\_\_\_

SSO #: \_\_\_\_\_

SR #: \_\_\_\_\_

Signature

**Customer Signature:**  Yes  Not Required

Date Complete \_\_\_\_\_

Form Complete