GE Healthcare

System ID:
SR#:
Date:

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

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		

Phantom Inspection

Task	Results	Comments
QA Phantom Inspection		

Gantry Power Off (Covers Off)
General Tasks

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

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

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		

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

Task	Results	Comments
HV Tank Resistor Verification		
Meter Verification		
HHS Scans		

Gantry Power On (Covers On)

General Tasks

Task	Results	Comments
Scan Window Inspection/Replacement		
Inspect Rotational Clearances		

Finalization

System Scanning Test

Task	QA Phantom Serial #	Location	Gantry Serial #

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			

Quality Assurance Test

Task	GE Phantom Serial #	Results	Comments
Quality Assurance Test			

Finishing Up

Task	Pass	Fail	Comments
Save State Completed	☐	☐	
Update Site Log	☐	☐	
Complete PM Paper Work	☐	☐	
Complete Customer Reports	☐	☐	

Appendix: HHS Data

mA Shunt Register Accuracy

Shunt A - Shunt B = 5Ω +/- 2%

Task	Readings	Results	Comments
Shunt register value			

The difference between mA measured (= [measured voltage (mV)] / [shunt resistor value]) and the displayed mA on console should be within ±2% of the requested mA.

Requested mA	Measured	Displayed	Delta	Pass/Fail	Comments
50 mA					
200 mA					

mA Test Points Accuracy

Calculate difference between TP mA Measured and TP mA Displayed. The Delta should be within +/- 4% of the requested mA.

Requested mA	Measured	Displayed	Delta	Pass/Fail	Comments
50 mA					
200 mA					

kV Test Points Accuracy

TP Measured kV must be within +/-3% of requested kV.
TP Measured kV and Displayed KV must be within +/- 2% of requested kV.

Requested kV	Measured	Displayed	Delta	Pass/Fail	Comments
80 kV					
100 kV					
120 kV					
140 kV					

GE Healthcare

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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							

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							

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:

Characters Remaining:

Tools Used:

Description	Serial Number	Bar Code/ Asset Tag	Cal Due Date	
				Add Tool Remove Tool

GE Healthcare

System ID:
SR#:
Date:

GE Representative:

Number of Signers 1

Name: _____

SSO #: _____

SR #: _____

Signature

Customer Signature: ☐ Yes ☐ Not Required

Date Complete _____

Form Complete ☐

Save