GE Healthcare

System ID:
SR#:
Date:

Optima CT680 / Optima CT670

Customer Name: _____

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

Customer Equipment ID: _____ Service Manual Doc #: 5487413-8EN

Software Version: _____ PM Frequency: _____

Service Type: _____ Form Status: Not Complete

Start Date: _____ Country: _____

Schedule(s) Selected COptional

☐ Schedule A ☐ Schedule B ☒ Schedule C ☐ Schedule W ☒ Schedule - Optional HHS Scan Data

Schedule C

Preliminary Tasks

Last PM Inspection

Task	Date/Tasks	Results	Comments
Indicate last inspection date			
List last schedule completed			
List schedule C tasks previously completed			

Initial Procedures

Temperature and Humidity Checks

Task	Readings	Results	Comments
Record scan room temperature			
Record scan room humidity			

General Gantry Inspection

Task	Results	Comments
Test display lights		
Test E-Stops		
Test patient tilt sensors		

Phantom

Task	Results	Comments
QA phantom Inspection		

Gantry Power Off (Covers Off)

General Tasks

Task	Results	Comments
Test emergency OFF switch		
Inspect UPS power OFF		

General Console Cleaning & Inspection

Task	Results	Comments
Clean component filters, fans, & grills		
Visually inspect fans		
Check seismic anchor (if necessary)		

Slip Ring & Brush Block Inspection & Maintenance

Task	Results	Comments
Remove debris from slip ring brush		
Inspect slip ring tracks		
Clean brush blocks		
Inspect brush tips		

Gantry Filter Cleaning

Task	Results	Comments
Clean DAS detector plenum filter		
Clean detector face plate		
Clean gantry heater filter		

Task	Results	Comments
Clean top cover fans		
Inspect rotation path components and cables		

Gantry Power On (Covers Off)

General Tasks

Task	Readings	Results	Comments
Ensure UPS is powered and operational	N/A		
Ensure plenum fans operational	N/A		
Grease gantry main bearing	N/A		
Record number of revolutions since last greasing			

Tube Heat Exchanger & Pump

Task	Results	Comments
Inspect/clean tube heat exchanger		
Inspect/clean JEDI inverter fan		

Gantry Verifications (If required)

NOTE: If you are required to complete these tests, record the readings in Schedule - Optional HHS Scan Data of this documents.

Task	Results	Comments
HV tank resistor verification.		
Meter verification.		
HHS scans.		

Power On (Covers On)

General Tasks

Task	Results	Comments
Inspect/replace scan window		

Task	Results	Comments
Inspect rotational clearances		

Finalization

System Scanning Test

Task	QA Phantom Serial #	Location	Gantry Serial #
Scan	**Scan Failures**	**Artifacts**	**Artifact Types/Comments**
Series 1 (Scout/Auto voice)			
Series 2 (Axial/Tilt)			
Series 3 (Helical/Auto voice)			

General Tasks

Task	Results	Comments
Check x-ray ON indicators		
Test scan control push button		
Quality assurance test		
Record GE Phantom Serial # in tools used area		
Save state completed		
Update the site log		
Complete PM paperwork for the site		
Complete customer reports		

Follow-Up

PM Check	No	Yes	Comments (Service Schedule Date)
Is follow-up work required?	☐	☐	

Schedule - Optional HHS Scan Data

Meter Verification

Task	Readings	Results	Comments
Shunt register value			

mA Shunt Register Accuracy

Calculate difference between mA Measured and mA Displayed. The Delta should be within +/- 2% of the requested mA.

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

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 measure kV and Displayed KV must be within +/- 2% of requested kV.

Requested mA	Measured	Displayed	Delta	Pass/Fail	Comments
80 kV					
100 kV					
120 kV					
140 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 +/- 3% 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**		

Small Focal Spot		On Screen Data				Results	Comments
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

GE Healthcare

System ID:
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Large Focal Spot		On Screen Data				Results	Comments
kV	**mA**	**kV**	**mA**	**5ms mA**	**Time**		
140							
140							
140							
140							
140							
140							
140							
140							

Comments:

Characters Remaining:

Tools Used:

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

System ID:
SR#:
Date:

GE Representative:

Number of Signers 1

Name: _____

SSO #: _____

SR #: _____

Signature

Customer Signature: ☐ Yes ☐ Not Required

Date Complete _____

Form Complete ☐

Save