



قوائم التحقق اليومية والصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

**DAILY CHECKLISTS & PPM
OF MEDICAL EQUIPMENTS IN
HOSPITALS' UNITS OF SERVICES**





قوائم التحقق Check List (الأهمية والأهداف): (خاص بالكادر الفني الطبي المستخدم للجهاز)

تهدف قوائم التحقق اليومية الى ضمان سلامة المرضى الذين اقتضى علاجهم باستخدامها (كأجهزة التخدير والعناية وغيرها)؛ إضافة الى ضمان جودة وكفاءة ما ينتج عنها من خدمات ونتائج (كأجهزة المختبرات) أو كليهما (كأجهزة الأشعة).

كما أن توفر قوائم التحقق والتدريب عليها واستخدامها من قبل المعنيين ومتابعة الالتزام بها يضمن التدريب المستمر لجميع الكادر الفني الطبي لا سيما المستجدين ويسهم في تقليل أخطاء ومشاكل الأجهزة الطبية.

توثيق جميع الاجراءات التي تمت على الجهاز من قبل العاملين وتلافي الأعطال الخاصة بالأجهزة أولا بأول في حال وجود خلل بسيط وابلغ المهندس الطبي والذي يؤدي بدوره الى اصلاح الخلل بأسرع وقت.

التأكد من الجاهزية الدائمة لكافة الأجهزة والمعدات وان جميع الأجهزة الطبية وملحقاتها تعمل بشكل جيد وعدم وجود نقص او خلل في اي من ملحقات الأجهزة.

كما يضمن بقاء الأجهزة الطبية في حالة ما قبل الاستخدام وبعد الاستخدام في حالة وجاهزية دائمة ومرتبطة ونظيفة.

الصيانة الوقائية PPM (الأهداف والأهمية):

تكمن أهمية الصيانة الوقائية في انها تهدف الى المحافظة على الأجهزة الطبية والتجهيزات المتوفرة وضمان جودة وكفاءة ما تقدمه من خدمات للمرضى تشخيصا وعلاجا وتأهيلا.

ارتفاع تكلفة الأجهزة والمعدات الطبية تتطلب ايجاد برامج صيانة بمستوى تلك التكاليف؛ وخصوصا مع وجود سياسات صارمة للاستغلال الأمثل لكل ما هو متوفر ومتاح وزيادة كفاءة الانتاج لتلك المعدات والآلات؛ مع عدم وجود امكانية للمرافق الصحية باحلال وتجديد شراء الأجهزة الطبية على المدى القصير نظرا لعدم توفر المخصصات المالية اللازمة.

الصيانة الوقائية من خلال المحافظة على الأجهزة والمعدات الطبية؛ تسهم في تقليل الحاجة لتغيير قطع غيار بشكل دائم ناتجة عن سوء استخدام العاملين للجهاز لا سيما ان كان تأمين قطع الغيار صعبا نتيجة لتكلفة شرائها المرتفعة أو لعدم وجود عقود ملزمة عبر وكلاء الشركات المصنعة أو عزوف الشركات نفسها عن تصنيعها لتقادم تصنيع الأجهزة؛ وجميع هذه الحالات مما تعاني منه مستشفيات الجمهورية.

قوائم الصيانة الوقائية PPM (الأهداف والأهمية): (خاص بالمهندس الطبي)

تمثل قوائم الصيانة الدورية أدوات ارشادية لأهم عناصر الصيانة الوقائية لكل جهاز بحسب تركيبه ووظائفه وطبيعة عمله.

كما أن قوائم الصيانة الدورية هي الأدوات التي من خلالها يمكن متابعة الالتزام بتنفيذ الصيانة لكل جهاز في وحدات الخدمة من قبل المعنيين وتوثيق تلك الاجراءات والعودة اليها من قبل القسم المختص والادارة وادارة الجودة بالمستشفى متى اقتضى الأمر ذلك.

أيضا يسهم وجود قوائم الصيانة الدورية والالتزام بها أداة لضمان تدريب جميع المنتسبين لقسم التجهيزات بالمشفى لا سيما المستجدين.





قوائم التحقق اليومية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

**DAILY CHECKLISTS
OF MEDICAL EQUIPMENTS IN
HOSPITALS' UNITS OF SERVICES**

قوائم التحقق اليومية والصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

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**قوائم التحقق اليومية
للتجهيزات الطبية في وحدات الخدمة في
المستشفيات**

**DAILY CHECKLISTS
OF MEDICAL EQUIPMENTS IN
OPERATION ROOMS**



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (ANASTHESIA MACHINE)

1											
HOSPITAL NAME:			DEPARTMENT					ROOM		EQUIPMENT CODE:	
MONTH:			CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA		
DATE	O2 CONCENTRATOR	PIPES & CIRCUITS	VAPORIZER	O2 & AIR FLOW	FILTERS	BRATHING SYSTEM	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAILY											
DAY 1											
DAY 2											1. Check Flow of O2 & Air from O2 Concentrator.
DAY 3											2. Check if the transparent pipes are well connected to the arm inside the module before connect the circuit to the patient.
DAY 4											
DAY 5											
DAY 6											3. Clean Dust filter of O2 concentrator & Clean the surface of the machine.
DAY 7											
WEEKLY											
DAY 9											1. Check ALL controls & Ensure that they are working well.
DAY 10											2. Always Check working Machine with Test Lung.
DAY 11											
DAY 12											
DAY 13											3. Check to Ensure that ALL Alarms are working well.
DAY 14											4. Always Keep the Mavhine & its Accessories Clean.
DAY 15											
DAY 16											
DAY 17											
DAY 18											5. Control ALL the transparent pipes in the back panel of the control panel if there is NO leakage or if ALL the pipes are well connected.
DAY 19											
DAY 20											6. Then, Control the Solenoid Valve, if it lights in Red each time there is an insufflation and expiration.
DAY 21											
DAY 22											
DAY 23											7. Call Biomedical Dep. in case of any Failure.
DAY 24											
DAY 25											
DAY 26											
TRAINING											
SAFETY											
IMPROVEMENT PERFORMANCE											
INFECTION CONTROL											
MANAGEMENT											
QA											
MAINTENANCE											



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (OT LIGHT LAMP)

2	HOSPITAL NAME:			DEPARTMENT			ROOM		EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA		
DATE	INDICATOR	CONTROLS	LAMPS	ACCESSORIES	MOVEMENTS	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1										GENERAL CHECKING
DAY 2										Inspect ALL switches & indicators for damage.
DAY 3										Ensure that ALL Accessories are clean & intact.
DAY 4										Check ALL movements of Light.
DAY 5										Ensure that ALL bulbs are working well.
DAY 6										Ensure that the filters of ALL lights are cleaned properly.
DAY 7										
DAY 8										
DAY 9										
DAY 10										PREVENTIVE MAINTENANCE
DAY 11										PPM DONE ON:
DAY 12										PPM DUE ON:
DAY 13										REFERENCE:
DAY 14										
DAY 15										
DAY 16										
DAY 17										
DAY 18										
DAY 19										
DAY 20										
DAY 21										
DAY 22										
DAY 23										
DAY 24										
DAY 25										TRAINING
DAY 26										SAFETY
DAY 27										IMPROVEMENT PERFORMANCE
DAY 28										INFECTION CONTROL
DAY 29										MANAGEMENT
DAY 30										QA
DAY 31										MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (OT TABLE)

3	HOSPITAL NAME:			DEPARTMENT				ROOM	EQUIPMENT CODE:		
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	POWER CORD	INDICATOR	CABLES	CONTROLS	WHEELS	ACCESSORIES	BATTERY	CLEAN LINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1											GENERAL CHECKING
DAY 2											Inspect ALL cord for fraying or other damage.
DAY 3											Inspect ALL plugs & connectors for bent prongs or pins.
DAY 4											Ensure that ALL Accessories, Cables & Table parts are clean & intact.
DAY 5											Check ALL movements of Table.
DAY 6											Check that the Table is working in battery.
DAY 7											CLEANING PRECAUTIONS
DAY 8											Remove the system AC power cable from the wall outlet WHILE CLEANING.
DAY 9											Use a weak Alkaline All-purpose detergent for cleaning the table.
DAY 10											Wipe the cables with mild detergent solution. When necessary use disinfectants.
DAY 11											Do NOT use ALCOHOLIC Solutions for cleaning accessories.
DAY 12											PRECAUTIONS
DAY 13											Precaution should be taken NOT to spill WATER inside the table while cleaning.
DAY 14											Note: If the Table has battery backup Ensure that it is always plugged for charging.
DAY 15											Keep the Table in charge even when NOT in use.
DAY 16											PREVENTIVE MAINTENANCE
DAY 17											PPM DONE ON:
DAY 18											PPM DUE ON:
DAY 19											REFERENCE:
DAY 20											TRAINING
DAY 21											SAFETY
DAY 22											IMPROVEMENT PERFORMANCE
DAY 23											INFECTION CONTROL
DAY 24											MANAGEMENT
DAY 25											QA
DAY 26											MAINTENANCE
DAY 27											
DAY 28											
DAY 29											
DAY 30											
DAY 31											



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (C-ARM)

4	HOSPITAL NAME:			DEPARTMENT			ROOM		EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA		
DATE	CONTROLS	EXPOSURE SWITCH	FOOTSWITCH	MOVEMENTS	MONITORS	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1										GENERAL CHECKING
DAY 2										Check Wheel movements.
DAY 3										Ensure that ALL Functions.
DAY 4										Check ALL movements of C-ARM.
DAY 5										Ensure that ALL parts always kept clean.
DAY 6										Call BMD in case of any failure.
DAY 7										
DAY 8										
DAY 9										Note: The C-ARM machine is very important in OT, so when moved, care must be taken as the TUBE may be broken down.
DAY 10										
DAY 11										
DAY 12										PREVENTIVE MAINTENANCE
DAY 13										PPM DONE ON:
DAY 14										PPM DUE ON:
DAY 15										REFERENCE:
DAY 16										
DAY 17										
DAY 18										
DAY 19										
DAY 20										
DAY 21										
DAY 22										
DAY 23										
DAY 24										
DAY 25										TRAINING
DAY 26										SAFETY
DAY 27										IMPROVEMENT PERFORMANCE
DAY 28										INFECTION CONTROL
DAY 29										MANAGEMENT
DAY 30										QA
DAY 31										MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (SURGICAL DIATHERMY)

5 HOSPITAL NAME: DEPARTMENT ROOM EQUIPMENT CODE:											
MONTH: CHECK SYSTEM PASSED O FAILED X NOT APPLICABLE NA											
DATE	SELF TEST	CABLES	CONTROLS	INDICATORS	ALARMS	ACCESSORIES	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
PHYSICAL VERIFICATIONS											
DAY 1											Equipment
DAY 2											Connectors
DAY 3											Patient Return Electrode
DAY 4											Cables
DAY 5											Foot Switch
DAY 6											
DAY 7											
Precautions While Using											
DAY 9											Check working before using for each case.
DAY 10											Ensure that the unit & ALL its accessories are kept clean.
DAY 11											
DAY 12											
DAY 13											
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (LAPAROSCOPY CART/OT)

6 HOSPITAL NAME: DEPARTMENT ROOM EQUIPMENT CODE:											
6	MONTH:		CHECK SYSTEM			PASSED			O		
DATE	CAMERA	PROCESSOR	UNIDRIVE	INSUFFLATOR	RECORDER	MONITOR	CABLES	LIGHT SOURCE	CLEAN LINES	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
GENERAL CHECKING											
DAY 1											
DAY 2											Ensure that the Camera is working well & kept clean. for damage.
DAY 3											Check the Cables for any damage.
DAY 4											Ensure that ALL Controls are working well.
DAY 5											Ensure that ALL Recorder is working well.
DAY 6											Call BMD in case of any failure.
DAY 7											
DAY 8											
DAY 9											Note:
DAY 10											ALL parts of the Unit should be checked & Ensure that they are working well before each procedure.
DAY 11											
DAY 12											
PRECAUTIONS											
DAY 13											Camera should be handled very carefully.
DAY 14											Camera should be cleaned with special solution.
DAY 15											
DAY 16											
PREVENTIVE MAINTENANCE											
DAY 17											PPM DONE ON:
DAY 18											PPM DUE ON:
DAY 19											REFERENCE:
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
TRAINING											
SAFETY											
IMPROVEMENT PERFORMANCE											
INFECTION CONTROL											
MANAGEMENT											
QA											
MAINTENANCE											
DAY 25											
DAY 26											
DAY 27											
DAY 28											
DAY 29											
DAY 30											
DAY 31											



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (STEAM AUTOCLAVE)

7 HOSPITAL NAME: DEPARTMENT ROOM EQUIPMENT CODE:											
MONTH: CHECK SYSTEM PASSED O FAILED X NOT APPLICABLE NA											
DATE	CHAMBER	VALVES	KEYS	SAFETY VALVE	HEATING	D. WEATHER	PRESSURE	CLEAN LINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAILY											
DAY 1											
DAY 2											1. Cleaning Chamber.
DAY 3											2. Check the Safety Valve.
DAY 4											3. Check the indicator of Pressure, Temp., & Time.
DAY 5											4. Check the Water Distiller.
DAY 6											5. Ensure that the Sticker of Sterilization indicator is changing in color.
DAY 7											
DAY 8											
DAY 9											
DAY 10											
DAY 11											
DAY 12											
DAY 13											
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



قوائم التحقق اليومية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

DAILY CHECKLISTS OF MEDICAL EQUIPMENTS IN **ICUs**



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (VENTILATORS)

8 HOSPITAL NAME: DEPARTMENT ROOM EQUIPMENT CODE:											
MONTH: CHECK SYSTEM PASSED O FAILED X NOT APPLICABLE NA											
DATE	SELF TEST	GAS SUPPLY	ALARMS	CONTROLS	FILTERS	HUMIDIFIER	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
PHYSICAL VERIFICATIONS											
DAY 1											Medical Gas hose
DAY 2											Ventilation hose
DAY 3											Expiration Valve
DAY 4											Controls & body of Ventilator
DAY 5											Alarms Test
DAY 6											
DAY 7											
Precautions While Using Ventilator											
DAY 9											1. Ensure that the medical gas hose & the Pressure Regulator with Gauge are working well.
DAY 10											
DAY 11											2. Check the Circuits & Valves before connecting the unit to the patient.
DAY 12											
DAY 13											
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (PATIENT MONITORS)

9 HOSPITAL NAME: DEPARTMENT ROOM EQUIPMENT CODE:											
9	MONTH:		CHECK SYSTEM			DEPARTMENT			ROOM		EQUIPMENT CODE:
DATE	ECG	SPO2	NIBP	IBP	TEMP	FAILED	X	NOT APPLICABLE	NA	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
GENERAL CHECKING											
DAY 1											
DAY 2											Inspect ALL the cords for fraying or other damage.
DAY 3											Inspect ALL the plugs & connectors for bent prongs or pins.
DAY 4											Ensure that ALL Accessories, Cables & monitor parts are clean & intact.
DAY 5											Always plug the monitor to maintain for charging the battery.
DAY 6											Turn off the system power.
DAY 7											Remove the system AC power cable from the wall outlet.
DAY 8											Wipe the monitor case with mild detergent solution & Cables when necessary.
DAY 9											Do NOT use ALCOHOLIC Solutions for cleaning accessories and display screen.
DAY 10											The Screen of the Monitor is more sensitive to rough handling & scratches.Care must be taken while cleaning the surface.
DAY 11											After the monitor is fully drained recharge the battery at least for 5 hours.
DAY 12											
DAY 13											
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (DC SHOCK)

10 HOSPITAL NAME: DEPARTMENT ROOM EQUIPMENT CODE:											
MONTH: CHECK SYSTEM PASSED O FAILED X NOT APPLICABLE NA											
DATE	PADDLES	PACING CABLE	ECG CABLE	CONTROLS	PRINTER	BATTERY	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
BEFORE EACH APPLICATION											
DAY 1											Visually Check the device & its ALL Accessories (leads, electrodes, etc).
DAY 2											
DAY 3											
DAY 4											
CHECK SYSTEM PERFORMANCE											
DAY 5											1. Power On the Defibrillator.
DAY 6											2. It runs an Automatic Self Test.
DAY 7											3. If Error occur an Error message will be displayed.
DAY 8											4. On occurrence of any error immediately call BMD.
DAY 9											5. If No Error occur perform a Trail defibrillation.
DAY 10											6. Ensure that the unit is always connected for battery charging.
DAY 11											
DAY 12											
DAY 13											
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (ECG MACHINE)

11	HOSPITAL NAME:			DEPARTMENT			ROOM		EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA		
DATE	CABLES	ELECTRODES	SELF TEST	SETTINGS	POWER CORD	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1										GENERAL CHECKING
DAY 2										Visually Inspect the following for wear/crack or signs of damage: 1. AC power cord. 2. Cable & other Accessories for breakage. 3. Self Test. 4. Cable between 2-channel Amplifier & 5. Ensure that the electrodes are cleaned properly. 6. Ensure that the unit is properly shutdown at the end of use. 7. Always ensure that the unit is connected through Call BMD in case of any failure.
DAY 3										
DAY 4										
DAY 5										
DAY 6										
DAY 7										
DAY 8										
DAY 9										
DAY 10										
DAY 11										
DAY 12										PREVENTIVE MAINTENANCE
DAY 13										PPM DONE ON:
DAY 14										PPM DUE ON:
DAY 15										REFERENCE:
DAY 16										
DAY 17										
DAY 18										
DAY 19										
DAY 20										
DAY 21										
DAY 22										
DAY 23										
DAY 24										
DAY 25										TRAINING
DAY 26										SAFETY
DAY 27										IMPROVEMENT PERFORMANCE
DAY 28										INFECTION CONTROL
DAY 29										MANAGEMENT
DAY 30										QA
DAY 31										MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (BLOOD WARMER)

12	HOSPITAL NAME:			DEPARTMENT			ROOM			EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	TEMPERATURE	CONTROL KEYS	ALARMS	POWER CABLE	ACCESSORIES	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS	
DAY 1										PHYSICAL CHECKING	
DAY 2										Check that ALL Controls & Indicators are working.	
DAY 3										Check if there is NO Alarm on the Screen.	
DAY 4										Check the Start-up & Operation Procedures.	
DAY 5										Check that ALL function of Blood Warmer are well.	
DAY 6										Check working before using for each case.	
DAY 7										Ensure that the machine & ALL of its Accessories are kept clean.	
DAY 8											
DAY 9											
DAY 10											
DAY 11										PREVENTIVE MAINTENANCE	
DAY 12										PPM DONE ON:	
DAY 13										PPM DUE ON:	
DAY 14										REFERENCE:	
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25										TRAINING	
DAY 26										SAFETY	
DAY 27										IMPROVEMENT PERFORMANCE	
DAY 28										INFECTION CONTROL	
DAY 29										MANAGEMENT	
DAY 30										QA	
DAY 31										MAINTENANCE	



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (INFUSION PUMP)

AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (INFUSION PUMP)											
13	HOSPITAL NAME:			DEPARTMENT				ROOM		EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	CONTROLS	DROP SENSOR	BATTERY	POWER CORD	ACCESSORIES	CLEAN LINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS		
DAY 1									GENERAL CHECKING		
DAY 2									Inspect ALL cord for fraying or other damage.		
DAY 3									Inspect ALL the plugs & connectors for bent prongs or pins.		
DAY 4									Ensure that the drop sensor is placed in proper position before starting the infusion.		
DAY 5									Ensure that the drop sensor is placed in proper position before starting the infusion.		
DAY 6									Ensure that the drop sensor is placed in proper position before starting the infusion.		
DAY 7									CLEANING PRECAUTIONS		
DAY 8									Turn off the system power.		
DAY 9									Remove the system AC power cable from the wall outlet WHILE CLEANING.		
DAY 10									Remove the system AC power cable from the wall outlet WHILE CLEANING.		
DAY 11									Wipe the case with mild detergent solution.		
DAY 12									Wipe the cables with mild detergent solution. When necessary use disinfectants.		
DAY 13									Wipe the cables with mild detergent solution. When necessary use disinfectants.		
DAY 14									Wipe the cables with mild detergent solution. When necessary use disinfectants.		
DAY 15									CALIBRATION		
DAY 16									CAL DONE ON:		
DAY 17									CAL DUE ON:		
DAY 18									REFERENCE NO:		
DAY 19									REFERENCE NO:		
DAY 20									PREVENTIVE MAINTENANCE		
DAY 21									PPM DONE ON:		
DAY 22									PPM DUE ON:		
DAY 23									REFERENCE:		
DAY 24									REFERENCE:		
DAY 25									TRAINING		
DAY 26									SAFETY		
DAY 27									IMPROVEMENT PERFORMANCE		
DAY 28									INFECTION CONTROL		
DAY 29									MANAGEMENT		
DAY 30									QA		
DAY 31									MAINTENANCE		



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (SYRINGE PUMP)

AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (SYRINGE PUMP)											
14	HOSPITAL NAME:			DEPARTMENT				ROOM		EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	PLUNGER/CLUTCH	SYRINGE SIZE	FLOW RATE	POWER CORD	BATTERY	ACCESSORIES	CLEAN LINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS	
											GENERAL CHECKING
DAY 1											
DAY 2											1. Check the pump body & pole clamp for damage.
DAY 3											2. Check that the syringe pump can be operated on battery power.
DAY 4											3. Check that Self Test is made normally when power is switched on.
DAY 5											4. Check that the Battery lamps lights on when AC power is connected.
DAY 6											5. Check that the syringe size is detected normally.
DAY 7											6. Check that the nearly empty lamp blinks when the slider without syringe is moved to the end of its travel.
DAY 8											7. Check that pressing the Stop switch can stop the operation.
DAY 9											
DAY 10											
DAY 11											
DAY 12											
DAY 13											
DAY 14											
DAY 15											CALIBRATION
DAY 16											CAL DONE ON:
DAY 17											CAL DUE ON:
DAY 18											REFERENCE NO:
DAY 19											
DAY 20											PREVENTIVE MAINTENANCE
DAY 21											PPM DONE ON:
DAY 22											PPM DUE ON:
DAY 23											REFERENCE:
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (NEUBILIZERS)

15	HOSPITAL NAME:		DEPARTMENT					ROOM	EQUIPMENT CODE:		
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	PATIENT MASK	CABLE	SWITCH	AIR OUTPUT	AIR FILTER	MOTOR NOISES	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1											PHYSICAL VERIFICATIONS
DAY 2											Filter
DAY 3											Connectors
DAY 4											Patient Mask
DAY 5											No Noise of the Motor
DAY 6											The Air output is enough & do the test before use.
DAY 7											
DAY 8											Check working before using for each case.
DAY 9											Ensure that the machine & ALL of its Accessories are kept clean.
DAY 10											
DAY 11											
DAY 12											
DAY 13											
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (SUCTION PUMP)

16 HOSPITAL NAME:		DEPARTMENT				ROOM		EQUIPMENT CODE:		
MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	SWITCH	POWER SUCTION	TUBES	BOTTLES	FILTER	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
PHYSICAL VERIFICATION										
DAY 1										
DAY 2										Check power cable connection.
DAY 3										Check power suction strength (Not weak).
DAY 4										Ensure that the filter is connected & clean.
DAY 5										Ensure that the valve of return is found.
DAY 6										Alarm Test.
DAY 7										
DAY 8										PRECAUTIONS WHILE USING SUCTION
DAY 9										Do NOT working by using ONE Bottle.
DAY 10										Make sure that the filter is clean.
DAY 11										Do NOT working WITHOUT Filter.
DAY 12										
DAY 13										
DAY 14										
DAY 15										
DAY 16										
DAY 17										
DAY 18										
DAY 19										
DAY 20										
DAY 21										
DAY 22										
DAY 23										
DAY 24										
DAY 25										TRAINING
DAY 26										SAFETY
DAY 27										IMPROVEMENT PERFORMANCE
DAY 28										INFECTION CONTROL
DAY 29										MANAGEMENT
DAY 30										QA
DAY 31										MAINTENANCE



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DAILY CHECKLISTS
OF MEDICAL EQUIPMENTS IN
NURSERY



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (INFANT INCUBATOR)

17	HOSPITAL NAME:			DEPARTMENT				ROOM	EQUIPMENT CODE:		
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	SELF TEST	CONTROL KEYS	ALARMS	TEMPERATURE	SENSORS	CABINET HUMIDIFIER	FILTERS	ACCESSORIES	CLEAN LINES	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1											PHYSICAL CHECKING
DAY 2											Check that ALL Controls & Indicators are working.
DAY 3											Check if there is NO Alarm on the Screen.
DAY 4											Check the Start-up & Operation Procedures.
DAY 5											Check that ALL SENSORS for baby & room are working.
DAY 6											Check the Ventilation & the Fan of the cabinet.
DAY 7											Ensure that the Air Filter is very clean.
DAY 8											Check working before using for each case.
DAY 9											Ensure that the machine & ALL of its Accessories are kept clean.
DAY 10											
DAY 11											PREVENTIVE MAINTENANCE
DAY 12											PPM DONE ON:
DAY 13											PPM DUE ON:
DAY 14											REFERENCE:
DAY 15											
DAY 16											Notes:
DAY 17											1. Make sure that the probe of skin sensor is attached closely on the skin of the baby.
DAY 18											2. Do NOT cover the blanket or diaper on the probe of skin sensor.
DAY 19											3. Use only distilled water to fill or refill the Reservoir.
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (INFANT WARMER)

18	HOSPITAL NAME:			DEPARTMENT			ROOM			EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	SELF TEST	CONTROL KEYS	ALARMS	TEMPERATURE	LIGHT	SENSORS	ACCESSORIES	CLEAN LINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1											PHYSICAL CHECKING
DAY 2											Check that ALL Controls are working.
DAY 3											Check that the Light & Lamp are working well.
DAY 4											Check that the Temperature is Stable.
DAY 5											Check that ALL SENSORS for baby & room are working.
DAY 6											Check that the Slide side are fixed well.
DAY 7											
DAY 8											Check working before using for each case.
DAY 9											Ensure that the machine & ALL of its Accessories are kept clean.
DAY 10											
DAY 11											
DAY 12											PREVENTIVE MAINTENANCE
DAY 13											PPM DONE ON:
DAY 14											PPM DUE ON:
DAY 15											REFERENCE:
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (O2 CONCENTRATORS)

19	HOSPITAL NAME:			DEPARTMENT			ROOM			EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	O2 FLOW	PIPES	FLOWMETER	POWER & CABLE	SWITCH	FLOW MEASURE	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1											BEFORE EACH APPLICATION
DAY 2											Visually Check the device & its ALL Accessories (bottle, tubes & cleaning, .. etc).
DAY 3											
DAY 4											
DAY 5											CHECK SYSTEM PERFORMANCE
DAY 6											1. Power On the Machine.
DAY 7											2. It runs an Automatic Self Test for o2 Flow.
DAY 8											3. If Error occur an Error message will be as an Auidable Alarm.
DAY 9											
DAY 10											4. On occurrence of any error immediately call BMD.
DAY 11											5. Check flow of O2 at 8 & 6.
DAY 12											
DAY 13											
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



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DAILY CHECKLISTS
OF MEDICAL EQUIPMENTS IN
RADIOLOGY DEP



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (X-RAY MACHINE)

AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (X-RAY MACHINE)											
20	HOSPITAL NAME:			DEPARTMENT					ROOM		EQUIPMENT CODE:
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	TABLE	CONSOLE	CONTROLS	MONITORS	EXPOSURE SWITCH	COLLIMATOR	CLEANLINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS	
											PHYSICAL VERIFICATIONS
DAY 1											
DAY 2											1. Check Table movements.
DAY 3											2. Check that ALL Controls are working well.
DAY 4											3. Check bucky & grid movements.
DAY 5											4. Check Table locks.
DAY 6											5. Visual examination of exposure switch.
DAY 7											6. Check Collimator alignment.
DAY 8											
											CLEANING
DAY 9											
DAY 10											
DAY 11											
											PREVENTIVE MAINTENANCE
DAY 12											
DAY 13											PPM DONE ON:
DAY 14											PPM DUE ON:
DAY 15											REFERENCE:
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
											TRAINING
DAY 25											
											SAFETY
DAY 26											
											IMPROVEMENT PERFORMANCE
DAY 27											
											INFECTION CONTROL
DAY 28											
											MANAGEMENT
DAY 29											
											QA
DAY 30											
											MAINTENANCE
DAY 31											



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (MOBILE X-RAY MACHINE)

21 HOSPITAL NAME: DEPARTMENT ROOM EQUIPMENT CODE:												
MONTH:	CHECK SYSTEM			PASSED		O		FAILED		X	NOT APPLICABLE	NA
DATE	CONTROLS	EXPOSURE SWITCH	WHEELS	CABLES	COLLIMATOR	CLEANLINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS			
PHYSICAL VERIFICATIONS												
DAY 1												
DAY 2									1. Check WHEEL movements.			
DAY 3									2. Check that ALL Controls are working well.			
DAY 4									3. Check the Columen movements.			
DAY 5									4. Check The movements of the Arms.			
DAY 6									5. Visual examination of exposure switch.			
DAY 7									6. Check Collimator alignment.			
DAY 8												
CLEANING												
DAY 9												
DAY 10												
DAY 11												
PREVENTIVE MAINTENANCE												
DAY 12												
DAY 13									PPM DONE ON:			
DAY 14									PPM DUE ON:			
DAY 15									REFERENCE:			
DAY 16												
DAY 17												
DAY 18												
DAY 19												
DAY 20												
DAY 21												
DAY 22												
DAY 23												
DAY 24												
DAY 25									TRAINING			
DAY 26									SAFETY			
DAY 27									IMPROVEMENT PERFORMANCE			
DAY 28									INFECTION CONTROL			
DAY 29									MANAGEMENT			
DAY 30									QA			
DAY 31									MAINTENANCE			



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (CT SCAN)

AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (CT SCAN)												
22	HOSPITAL NAME:			DEPARTMENT				ROOM	EQUIPMENT CODE:			
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA				
DATE	SELF TEST	GANTRY	TABLE	POWER BANK	CONTROLS	FILM PROCESSOR	CABLES	WORK STATION	CLEANLINES	SIGNATURE	SYSTEM CHECK INSTRUCTIONS	
PHYSICAL VERIFICATIONS												
DAY 1												
DAY 2											1. Check Table & Gantry movements.	
DAY 3											2. Check that ALL Switches are working well.	
DAY 4											3. Check working of film processor.	
DAY 5											4. Check that ALL Monitors in Workstation are working well.	
DAY 6												
DAY 7											5. Ensure that the machine & its accessories are kept clean.	
DAY 8												
DAY 9											6. Ensure that the Gantry & console are switched off after busy hours during night.	
DAY 10												
CLEANING												
DAY 11												
DAY 12											1. Ensure that the Needles, Syringes, ect do not fall inside through the gap between the layers of table.	
DAY 13												
DAY 14											2. Ensure that any portion of the cradle does not contain blood stains or any other kind solutions.	
DAY 15												
DAY 16											Call BMD in case of any failure.	
DAY 17												
PREVENTIVE MAINTENANCE												
DAY 18												
DAY 19											PPM DONE ON:	
DAY 20											PPM DUE ON:	
DAY 21											REFERENCE:	
DAY 22												
DAY 23												
DAY 24												
TRAINING												
DAY 25												
SAFETY												
DAY 26												
IMPROVEMENT PERFORMANCE												
DAY 27												
INFECTION CONTROL												
DAY 28												
MANAGEMENT												
DAY 29												
QA												
DAY 30												
MAINTENANCE												
DAY 31												



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (ULTRASOUND UNIT)

AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (ULTRASOUND UNIT)											
23	HOSPITAL NAME:			DEPARTMENT				ROOM		EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	SCREEN	CONTROLS	CABLES	PROBE	PRINTER	ACCESSORIES	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1											GENERAL CHECKING
DAY 2											Inspect ALL switches & indicators for damage.
DAY 3											Ensure that ALL Accessories are clean & intact.
DAY 4											Check the unit & accessories for physical damage.
DAY 5											Ensure that ALL Functions are fine.
DAY 6											Call BMD in case of any failure.
DAY 7											
DAY 8											
DAY 9											
DAY 10											PREVENTIVE MAINTENANCE
DAY 11											PPM DONE ON:
DAY 12											PPM DUE ON:
DAY 13											REFERENCE:
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



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للتجهيزات الطبية في وحدات الخدمة في
المستشفيات**

**DAILY CHECKLISTS
OF MEDICAL EQUIPMENTS IN
LAB & BLOOD BANK**

24. DAILY checklist & Routine Maintenance of Lab. Microscope

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Clean the External Surface																															
Clean the lenses by soft cleaner																															
Check all the movement and working well																															
Check the light in low and high resistance																															
Signature																															

Weekly	Users should Check (√)				
	Week (1)	Week (2)	Week (3)	Week (4)	Note
Clean the lenses by oil that recommended					
Clean the dust from inside the lenses (open the cover if you know)					
Signature					

Monthly	Check (√)
	1
Check the lamp	
Check the Power charger and all movement	
Signature	

PREVENTIVE MAINTENANCE

PPM DONE ON :
PPM DUE ON :
REF:

Notes:

- Do not put the charger near the Washer.
- Do not clean the lenses by other clothes(that recommended in User manual).



25. DAILY checklist & Routine Maintenance of Automated Hematology Analyzer

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Clean Out/in device																															
Sweep Needle																															
Read Cl. As Sample																															
Normal Clean																															
Dual Drain Chp.																															
Signature																															

Weekly	Users should Check (√)				
	Week (1)	Week (2)	Week (3)	Week (4)	Note
Shutdown					
Check Solution					
Needle Cleaning					
Chamber Clean					
Signature					

Monthly	Check (√)
	1
Cleaning Inside Chamber	
Calibration Done	
QC Done	
Medical Engineer Report	
Signature	

PREVENTIVE MAINTENANCE

PPM DONE ON :
PPM DUE ON :
REF:

Notes:

- Mix the sample for 5 minutes at least before reading it.
- Be sure that the device is connected to UPS.
- Must be the work place save and clean.

26. DAILY checklist & Routine Maintenance of Centrifuge

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Clean the External Surface																															
Clean inside the chamber and tubes placing																															
Wipe inside the tube hosing																															
Inspection and Clean the Door Lock																															
Signature																															

Weekly	Users should Check (√)			
	1	2	3	4
Visual inspection in the tubes housing, no broken ,no damage				
Visual inspection in the tubes housing, no blood inside the chamber				
Signature				

Monthly	Check (√)
Wipe the Door Lock by Oil	
Be sure the motor is fixed and working well	
Eng. Signature	

PREVENTIVE MAINTENANCE

PPM DONE ON :
PPM DUE ON :
REF:

Notes:

1. Must be the Centrifuge placing at balance place.

27. DAILY checklist & Routine Maintenance of Waterbath

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Clean the External Surface																															
Clean the Chamber																															
Keep the temperature at recommended degree																															
Signature																															

Weekly	Users should Check (√)			
	1	2	3	4
Change the chamber water and clean it well				
Clean and inspect for corrosion				
Signature				

Monthly	Check (√)
Check the heater	
Check accuracy of temperature calibration of the thermostat using external thermostat	
Eng. Signature	

PREVENTIVE MAINTENANCE

PPM DONE ON :

PPM DUE ON :

REF:

Notes:

1. Turn off the device after use.

28. DAILY checklist & Routine Maintenance of Electrolyte ANALYZER

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Clean the Surface or cover, LCD, and the needle by soft Cleaner																															
Visual inspection the residual reagent volume																															
If you have more then 35 sample at day, you must use solution cleaning																															
Signature																															

Weekly	Users should Check (√)			
	1	2	3	4
Check that the filling Solution level of electrode is sufficient and check if there is a salty crust on it				
Use the Cleaning Solution one a weekly to clean the instrument				
Check the Voltage of each electrode from Service Manu				
Check all tubing System, also Do QC for insure the Result				
Signature				

Monthly	Check (√)
Check the Tubing motor	
Check the aspirating speed and Volume	
Calibration refer to BME	
Eng. Signature	

PREVENTIVE MAINTENANCE

PPM DONE ON :
PPM DUE ON :
REF:

Notes:

1. Keep the filing and Maintenance solution in Medical Refrigerator when it's not use.
2. Be sure that the device is connected to UPS.
3. Must be the work place save and clean.

29. DAILY checklist & Routine Maintenance of Manual Biochemistry

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Visual inspection for cracks, leakage for pump tube																															
Visual inspection for contamination and clean for Sampling tube																															
Wash with flow Cell Cleaner and Water for Flow cell																															
Signature																															

Weekly	Users should Check (√)			
	1	2	3	4
Visual inspection for contamination and clean for Waste tube(internal& external)				
Clean the Cover and LCD with dry microfiber cloth				
Signature				

Monthly	Check (√)
Eliminate dust for the Fan	
Check and eliminate dust for Filter	
Eng. Signature	

Notes:

1. Centre the sample for 5 minutes at least before reading it.
2. Be sure that the device is connected to UPS.
3. When you wash by Water ,using only Distill Water.
4. Must be the work place save and clean.

PREVENTIVE MAINTENANCE

PPM DONE ON :

PPM DUE ON :

REF:

30. DAILY checklist & Routine Maintenance of Automatic Biochemistry

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Startup daily Check steps.																															
Check all the steps in the program																															
Check working & Maintenance solution are enough																															
Check The Probe movement and Motor																															
End daily check steps.																															
Signature																															

Weekly	Users should Check (√)			
	1	2	3	4
Visual inspection for contamination and clean for Waste tube(internal& external)				
Clean the Cover and LCD with dry microfiber cloth				
Signature				

Monthly	Check (√)
Eliminate dust for the Fan	
Check and eliminate dust for Filter	
Eng.Signature	

Notes:

1. Keep the all solution in Medical Refrigerator
2. Be sure that the device is connected to UPS.
3. Must be the user for the device is Trainer
4. Must be the work place save and clean.



31. DAILY checklist & Routine Maintenance of Elisa Full Automated

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start of Day																															
Wash Probe																															
Prime Syringe																															
Prime Wash Bottle																															
Prime Rinse Bottle																															
End of Day																															
Signature																															

Weekly	Users should Check (√) in the night on Friday 8:00 PM				
	Week (1)	Week (2)	Week (3)	Week (4)	Note
Clean Syringe with Alcohol					
Clean IN/Out Surface by Alcohol					
Signature					

Monthly	Check (√)
	1
Channel Blank	
Filter Voltages	
Eng. Signature	

PREVENTIVE MAINTENANCE

PPM DONE ON :

PPM DUE ON :

REF:

Notes:

1. Keep the all solution in Medical Refrigerator when it's not use.
2. All solution for all Companies have preparing List, so Keep it in the file.
3. Be sure that the device is connected to UPS.
4. Must be the user for the device is Trainer.
5. Must be the work place save and clean.



32. DAILY checklist & Routine Maintenance of Blood Bank Refrigerator

Hospital Name	
Year/Month	
Name of Supervisor	
Dep.	Lab /Blood Bank

Equ. Code/

Daily	Users Should check(√), or Initial the date when the action is executed																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Visual inspection for Temp. and Screen																															
Visual inspection inside housing or water Leakage																															
Clean the Surface and screen daily with soft dry cleaner																															
Make Sure The Ref. Connected to UPS																															
Signature																															

Weekly	Users should Check (√)			
	1	2	3	4
Monitoring and Alarm Check the Temperature between 2-4 C degree				
Clean The Inside housing by Soap or any disinfection				
Signature				

Monthly	Check (√)
PPM for Biomedical Engineer	
Eng. Signature	

PREVENTIVE MAINTENANCE

PPM DONE ON :

PPM DUE ON :

REF:

Notes:

1. Do not change any program and password.
2. Be sure that the device is connected to UPS
3. Must be the work place save and clean



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (BLOOD ROLL MIXER)

AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (BLOOD ROLL MIXER)											
33	HOSPITAL NAME:			DEPARTMENT				ROOM		EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	ROLL	CABLE AND	SWITCH	CHECK SPEED	CLEAN LINESS	UPS & POWER CABLE		NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS	
DAY 1											
DAY 2											
DAY 3											
DAY 4											
DAY 5										CHECK SYSTEM PERFORMANCE	
DAY 6										1. Check the Waste on the Surface.	
DAY 7										2. Check the Blood Tube fixing well.	
DAY 8										3. Check from down the Roll, Ensure No Blood there.	
DAY 9										4. On occurrence of any error immediately call BMD.	
DAY 10										5. Check the Resistance of Roll Speed.	
DAY 11											
DAY 12											
DAY 13											
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25										TRAINING	
DAY 26										SAFETY	
DAY 27										IMPROVEMENT PERFORMANCE	
DAY 28										INFECTION CONTROL	
DAY 29										MANAGEMENT	
DAY 30										QA	
DAY 31										MAINTENANCE	



**قوائم التحقق اليومية
للتجهيزات الطبية في وحدات الخدمة في
المستشفيات**

**DAILY CHECKLISTS
OF MEDICAL EQUIPMENTS IN
OPD CLINICS**



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (ECHO MACHINE)

34 HOSPITAL NAME: DEPARTMENT ROOM EQUIPMENT CODE:											
MONTH: CHECK SYSTEM PASSED O FAILED X NOT APPLICABLE NA											
DATE	SCREEN	PROBES	CABLES	CONTROLS	PRINTER	WHEELS	CLEAN LINES	POWER CORD	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
GENERAL CHECKING											
DAY 1											
DAY 2											After each use, Remove Gel from the probe by wiping with a soft cloth or rinsing with flowing water.
DAY 3											
DAY 4											Check the probe & probe cable for cracks or deterioration.
DAY 5											
DAY 6											
CLEANING PROCEDURES											
DAY 7											
DAY 8											1. Moisten a soft non-abrasive cloth with mild detergent and
DAY 9											
DAY 10											2. Use a soft slightly moistened cloth to clean the keyboard controls.
DAY 11											
DAY 12											3. Clean the surface of print head by running the cleaning sheet provided through the printer.
DAY 13											
DAY 14											
After Use											
DAY 15											
DAY 16											Ensure that the unit is shutdown after use at the end of each day.
DAY 17											
DAY 18											Call BMD in case of any failure.
DAY 19											
PREVENTIVE MAINTENANCE											
DAY 20											
DAY 21											PPM DONE ON:
DAY 22											PPM DUE ON:
DAY 23											REFERENCE:
DAY 24											
TRAINING											
DAY 25											
SAFETY											
DAY 26											
IMPROVEMENT PERFORMANCE											
DAY 27											
INFECTION CONTROL											
DAY 28											
MANAGEMENT											
DAY 29											
QA											
DAY 30											
MAINTENANCE											
DAY 31											



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (TREAD MILL ECG MACHINE)

35	HOSPITAL NAME:			DEPARTMENT			ROOM			EQUIPMENT CODE:
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA		
DATE	WALKING BELT	ROLLER MOTOR	CABLES	SOFTWARE	CONTROLS	CLEAN LINES	POWER CORD	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1										GENERAL CHECKING
DAY 2										Visually Inspect the following for wear/crack or signs of damage: 1. AC power cord. 2. Connectors & Cable. 3. Walking belt. 4. Handrail. 5. Hardware.
DAY 3										
DAY 4										
DAY 5										
DAY 6										
DAY 7										CLEANING
DAY 8										Clean the External Surface with a clean, soft cloth and use only mild dish wash detergent. Do NOTR drip water on key board writer assembly.
DAY 9										
DAY 10										PREVENTIVE MAINTENANCE
DAY 11										PPM DONE ON:
DAY 12										PPM DUE ON:
DAY 13										REFERENCE:
DAY 14										
DAY 15										
DAY 16										
DAY 17										
DAY 18										
DAY 19										
DAY 20										
DAY 21										
DAY 22										
DAY 23										
DAY 24										
DAY 25										TRAINING
DAY 26										SAFETY
DAY 27										IMPROVEMENT PERFORMANCE
DAY 28										INFECTION CONTROL
DAY 29										MANAGEMENT
DAY 30										QA
DAY 31										MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (ENT UNIT)

36	HOSPITAL NAME:					DEPARTMENT			ROOM	EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	CAMERA	ENDOSCOPES	CABLES	PROCESSORS	MONITOR	RECORDER	LIGHT SOURCE	CLEAN LINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1											GENERAL CHECKING
DAY 2											Ensure that the CAMERA is working well & kept clean>
DAY 3											Check the cables for any damage.
DAY 4											Ensure that ALL controls are working well.
DAY 5											Ensure that the Recorder is working well.
DAY 6											
DAY 7											CLEANING
DAY 8											Camera should be handled very carefully.
DAY 9											Camera should be cleaned only w special solution.
DAY 10											ALL Scopes should be handled very carefully.
DAY 11											ALL Scopes should be cleaned Properly after use.
DAY 12											PREVENTIVE MAINTENANCE
DAY 13											PPM DONE ON:
DAY 14											PPM DUE ON:
DAY 15											REFERENCE:
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (AUDIOMETER)

37	HOSPITAL NAME:			DEPARTMENT			ROOM		EQUIPMENT CODE:	
	MONTH:	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA		
DATE	CONTROLS	DISPLAY	CABLES	CONNECTORS	ACCESSORIES	POWER CORD	CLEAN LINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAY 1										GENERAL CHECKING
DAY 2										Inspect ALL Switches & Indicators foe damage.
DAY 3										Check that ALL Accessories are clean & intact.
DAY 4										Check the Unit & its Accessories for any physical damage.
DAY 5										Ensure that ALL functions are working well.
DAY 6										Call BMD in case of any Failure.
DAY 7										
DAY 8										
DAY 9										
DAY 10										
DAY 11										
DAY 12										PREVENTIVE MAINTENANCE
DAY 13										PPM DONE ON:
DAY 14										PPM DUE ON:
DAY 15										REFERENCE:
DAY 16										
DAY 17										
DAY 18										
DAY 19										
DAY 20										
DAY 21										
DAY 22										
DAY 23										
DAY 24										
DAY 25										TRAINING
DAY 26										SAFETY
DAY 27										IMPROVEMENT PERFORMANCE
DAY 28										INFECTION CONTROL
DAY 29										MANAGEMENT
DAY 30										QA
DAY 31										MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (DENTAL X-RAY MACHINE)

38 HOSPITAL NAME:					DEPARTMENT			ROOM		EQUIPMENT CODE:	
MONTH:		CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE		NA		
DATE	CONTROLS	EXPOSURE SWITCH	CABLES	COLLIMATOR				CLEANLINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
PHYSICAL VERIFICATIONS											
DAY 1											
DAY 2											1. Check WHEEL movements.
DAY 3											2. Visual examination of exposure switch.
DAY 4											3. Check Collimator alignment.
DAY 5											Call BMD in case of any failure
DAY 6											
DAY 7											
DAY 8											CLEANING
DAY 9											
DAY 10											
DAY 11											
DAY 12											PREVENTIVE MAINTENANCE
DAY 13											PPM DONE ON:
DAY 14											PPM DUE ON:
DAY 15											REFERENCE:
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
DAY 25											TRAINING
DAY 26											SAFETY
DAY 27											IMPROVEMENT PERFORMANCE
DAY 28											INFECTION CONTROL
DAY 29											MANAGEMENT
DAY 30											QA
DAY 31											MAINTENANCE



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (DENTAL CHAIR)

39		HOSPITAL NAME:			DEPARTMENT			ROOM		EQUIPMENT CODE:	
MONTH:		CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA			
DATE	SELF CHECK	CHAIR MOVEMENTS	CONTROLS	FUNCTION CHECK	CABLES	HAND PIECES	CLEANLINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS	
GENERAL CHECK											
DAY 1										Inspect ALL cords for fraying or other damage.	
DAY 2										Inspect ALL Accessories including dental handpiece.	
DAY 3										Examine ALL chair Movements.	
DAY 4										Inspect compressed Air pressure & Water line.	
DAY 5											
DAY 6											
CLEANING											
DAY 7										Turn off the system power.	
DAY 8										Remove the system power cable from Wall outlet.	
DAY 9										Wipe the chair w mild detergent solution.	
DAY 10										Wipe the cables w mild detergent solution.	
DAY 11										When necessary use Disinfectants.	
DAY 12											
DAY 13											
CAUTION											
DAY 14										The upholstery of the chair is more sensitive to rough handling & scratches.	
DAY 15										Care must be taken while cleaning the surface.	
DAY 16										Call BMD in case of any Failure.	
DAY 17											
DAY 18											
DAY 19											
PREVENTIVE MAINTENANCE											
DAY 20										PPM DONE ON:	
DAY 21										PPM DUE ON:	
DAY 22										REFERENCE:	
DAY 23											
DAY 24											
TRAINING											
SAFETY											
IMPROVEMENT PERFORMANCE											
INFECTION CONTROL											
MANAGEMENT											
QA											
MAINTENANCE											
DAY 25											
DAY 26											
DAY 27											
DAY 28											
DAY 29											
DAY 30											
DAY 31											



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (ENDOSCOPY UNIT)

40 HOSPITAL NAME: _____ DEPARTMENT _____ ROOM _____ EQUIPMENT CODE: _____											
MONTH: _____	CHECK SYSTEM	PASSED	O	FAILED	X	NOT APPLICABLE	NA				
DATE	MONITORS	PROCESSOR	CONTROLS	ENDOSCOPE	CABLES	WORK STATION	LIGHT SOURCE	CLEAN LINES	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS
DAILY											
DAY 1											
DAY 2											Power on the machine & ALL accessories.
DAY 3											Perform white balancing of the camera.
DAY 4											Connect the scope & camera to the light source.
DAY 5											Check the Up down right & left movements of the scope.
DAY 6											Perform Leak Test of the scope.
DAY 7											Check & Ensure that the proper recording of images are possible.
DAY 8											
DAY 9											Note:
DAY 10											ALL parts of the Unit should be checked & Ensure that they are working well before each procedure.
DAY 11											
DAY 12											
PREVENTIVE MAINTENANCE											
DAY 13											PPM DONE ON:
DAY 14											PPM DUE ON:
DAY 15											REFERENCE:
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
TRAINING											
SAFETY											
IMPROVEMENT PERFORMANCE											
INFECTION CONTROL											
MANAGEMENT											
QA											
MAINTENANCE											



AHSAN APPROVED "DAILY CHECKLIST OF MEDICAL EQUIPMENTS" FOR (SHORTWAVE DIATHERMY)

41 HOSPITAL NAME: _____ DEPARTMENT _____ ROOM _____ EQUIPMENT CODE: _____											
MONTH: _____											
CHECK SYSTEM PASSED O FAILED X NOT APPLICABLE NA											
DATE	CONTROLS	SWITCH	CABLES	POWER CORD	ACCESSORIES	CLEAN LINES	UPS & POWER CABLE	NAME	SIGNATURE	SYSTEM CHECK INSTRUCTIONS	
											GENERAL CHECKING
DAY 1											
DAY 2											Inspect ALL switches & indicators for damage.
DAY 3											Ensure that ALL Accessories are clean & intact.
DAY 4											Check the unit & accessories for physical damage.
DAY 5											Ensure that ALL Functions are fine.
DAY 6											Call BMD in case of any failure.
DAY 7											
DAY 8											
DAY 9											
											PREVENTIVE MAINTENANCE
DAY 10											
DAY 11											PPM DONE ON:
DAY 12											PPM DUE ON:
DAY 13											REFERENCE:
DAY 14											
DAY 15											
DAY 16											
DAY 17											
DAY 18											
DAY 19											
DAY 20											
DAY 21											
DAY 22											
DAY 23											
DAY 24											
											TRAINING
											SAFETY
											IMPROVEMENT PERFORMANCE
											INFECTION CONTROL
											MANAGEMENT
											QA
											MAINTENANCE
DAY 25											
DAY 26											
DAY 27											
DAY 28											
DAY 29											
DAY 30											
DAY 31											



قوائم الصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

**PREVENTIVE MAINTENANCE
(PPM)
OF MEDICAL EQUIPMENTS IN
HOSPITALS' UNITS OF SERVICES**

قوائم التحقق اليومية والصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

B	PPM CHECKLISTS	قوائم الصيانة الوقائية	ب
5	LAB. EQUIPMENTS	تجهيزات قسم المختبر	5
24	LAB MICROSCOPE	الميكروسكوب	24
25	AUTOMATED HEMATOLOGY ANAL	جهاز فحص الدم العام الذاتي	25
26	CENTRIFUGE	جهاز الترسيب	26
27	WATER BATH	حمام مائي	27
28	ELECTROLYTE	جهاز قياس شوارد الدم	28
29	MANUAL BIOCHEMISTRY	جهاز الكيمياء الحيوية اليدوي	29
30	AUTOMATIC BIOCHEMISTRY	جهاز الكيمياء الحيوية الذاتي	30
31	FULL AUTOMATED ELISA	جهاز الاليزا الذاتي	31
32	BLOOD ROLL MIXER	جهاز مزج الدم	32
33	BLOOD BANK REFRIGERATOR	ثلاجة بنك الدم	33
6	OPD EQUIPMENTS	تجهيزات العيادات	6
6.1	CARDIAC OPD EQUIPMENTS	تجهيزات عيادة القلب	6.1
34	ECHO MACHINE	جهاز الايكو	34
35	TREAD MILL ECG UNIT	جهاز التخطيط تحت الجهد	35
6.2	ENT OPD EQUIPMENTS	تجهيزات عيادة الأنف والأذن	6.2
36	ENT UNIT	وحدة الأنف والأذن والحنجرة	36
37	AUDIOMETER	جهاز قياس السمع	37
6.3	DENTAL OPD EQUIPMENTS	تجهيزات عيادة الأسنان	6.3
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39	DENTAL CHAIR UNIT	كرسي الأسنان	39
6.4	ENDOSCOPY UNIT	وحدة مناظير الجهاز الهضمي	6.4
40	ENDOSCOPY UNIT	مناظير الجهاز الهضمي	40

B	PPM CHECKLISTS	قوائم الصيانة الوقائية	ب
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1	ANASTHESIA Machine	اجهزة التخدير	1
2	OT LIGHT LAMP	لمبة اضاءة العمليات	2
3	OT TABLE	طاولة العمليات	3
4	C-ARM	جهاز السي ارم	4
5	SURGICAL DIATHERMY	جهاز الكي الجراحي	5
6	LAPAROSCOPY CART/OT	جهاز المنظار الجراحي	6
7	STEAM AUTOCLAVE	جهاز التعقيم البخاري	7
2	ICU EQUIPMENTS	تجهيزات العناية المركزة	2
8	VENTILATORS	اجهزة التنفس الصناعي	8
9	PT MONITORS	جهاز مراقبة العلامات الحيوية	9
10	DC SHOCK	اجهزة الصدمة الكهربائية	10
11	ECG	جهاز تخطيط القلب	11
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13	INFUSION PUMP	مضخة المحاليل الوريدية	13
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16	SUCTION PUMP	جهاز شفط السوائل	16
3	NURSERY EQUIPMENTS	تجهيزات قسم الحضنة	3
17	INFANT INCUBATOR	حاضنة المواليد	17
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19	O2 CONCENTRATOR	مكثف (مولد) الأكسجين	19
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21	MOBILE X-RAY MACHINE	جهاز الأشعة السينية المتحركة	21
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23	ULTRASOUND	جهاز التلفزيون	23



قوائم الصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

PPM
OF MEDICAL EQUIPMENTS IN
OPERATION ROOMS



1

PPM of (ANAESTHESIA WORKSTATION)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL		
1) Power plug top and power code (All Power Codes)		
2) Check the Status of Hose (O2, NO, Air & Vacuum)		
3) Check the Status Of Circuit and Tubing's		
4) Check the Status of Flow Meters		
5) Check the Status of Vaporizers		
6) Check the Status of API Valve		
7) Check the status of. Alarm, and Indicators		
8) Check the Status of O2 Flush Switch		
9) Check the Status of Power On/Off Switch		
10) Check the Connections and Tubing's to Circle Absorber		
11) Check the Status of Soda lime		
12) Check the Status of Bellows		
Cleaning		
1) Clean the display		
2) Clean filters & Valve		
3) Clean the Tubing's and Circuit		

ELECTRICAL SAFETY CHECKS		
1. leakage current test	<20 uA	
2. line- neutral voltage	220 Volt	
3. line- ground voltage	220 Volt	
4. ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check Any Leakage		
2. Check the Oxygen and Nitrous Flow		
3. Check the Vaporizer Working		
4. Check the Open Circuit and Closed Circuit		
5. Check the Ventilator Working		
6. Check the All Major functions.		
7. Check the manual Ventilation		
8. Check the expiration and inspiration Valve		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



3

PPM of (OT LIGHT LAMP)

DEPARTMENT	
------------	--

EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Inspect the parts for damage; Replace as necessary.		
3. Physical Check the Handle.		
4. Check the Main Control, Remote & Screen Control (Visual Insp)		
5. Inspection of Movements of Arms.		
6. Check for Defects in paint Work.		
7. Check for Fissures at plastic parts.		
8. Check the Connection between light & carrying system.		
Cleaning		
1. Clean the surface, Parts/Arms/Control.		
2. Check Cleaning of the Handles.		
3. Clean the dust inside the Lamp.		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Control Panel Function.		
2. Wires Connection.		
3. Control Movements function.		
4. Main Board.		
5. Remote Control.		
6. Led or Lamp.		
7. Light Brightness		
8. Battery		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



4

PPM of (ELECTROSURGICAL UNIT)

DEPARTMENT

EQUIP NAME

MODEL

INSTALLED DATE

EQUIP ID

SERIAL NO

CONTRACT

PPM S-1

PPM S-2

PPM S-3

DATE: / /20

DATE: / /20

DATE: / /20

Visual & External Inspection

Observation

Remarks

GENERAL(Physical Damage/Bents)

1. Connectors(loose/broken)

2. Cable inspection(FORBREAKAGE)

3. Patient plate/Mono-polar electrode cable/Bipolar El

3. Check the Patient plate

4. Check the Bipolar Forceps

5. Power plug top(Broken/ Plug Pins Loose)

6. Safety Labels(Intact)

Cleaning

1) CLEAN The DISPLAY

2) CLEAN EXTERNAL SURFACES (For Dust)

ELECTRICAL SAFETY CHECKS

1. Leakage Current test

<20 uA

2. Line- Neutral voltage

220 Volt

3. Line- Ground voltage

220 Volt

4. Ground- neutral voltage

<5v

Functional Check

Observation

Remarks

1. GENERAL

2. MONOPLAR OUTPUT

3. BIPOLAR OUTPUT & Patient Plate

4. FOOT SWITCH FUNCTION

5. ALARMS

6. SWITCHES

7. DISPLAY

8. LEDS

Others

1. Check the Lable Safety Card

2. Check The Cleaning around the device

3. Inspection the Daily Check List is done

Spare Parts Used

No م

Description
المواصفات

Part No.
رقم القطعة

QTY
الكمية

Note
ملاحظات

1)

2)

PPM Done by:

Name:/.....

Dep. Head

Name:/.....

Signature:/.....



5

PPM of (C-ARM)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL		
1. GENERAL (Physical Damage/Bents)		
2. Check Status of Cable (X-Ray to Monitor)		
3. Check the Exposure Indicator		
4. Check the Switches, Foot-Exposure		
5. Check the LCD Monitors		
6. Check the Control and Keyboard, Mouse		
7. Check Arm Movement (Lifting, Lowering, Rotation et		
8. Check C-Arm Movement (Lifting, Lowering, Rotation		
9. Check the Physical Condition of X-ray Tube		
Cleaning		
1. CLEAN The Arms, Control, and LCD Monitors		
2. Cleaning inside, around tube & Camera Transfer		
3. Clean the Foot-exposure, Wheel and Break		
4. Clean the Mother Bard and PC fan		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions (Kva, mA, mAS)		
2. Check the X-Ray Image in LCD		
3. Check Alarms		
4. Check Controls & PC Monitoring Function		
5. Check Camera Source		
6. Check Wheel and Break		
7. Check hand-Switch and Foot-Switch		
8. Check Emergancy Switch		
9. Image Transfer		
10. Main Board		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used				
No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name: /

Dep. Head
Name: /
Signature: / _____



6

PPM of (LAPAROSCOPY UNIT)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL (Physical Damage/Bents)		
2. Check the Status of Cables Connection		
3. Check Status of Control, Switch & LCD Display		
4. Check the Camera Unit/Camera Fiber Cable		
5. Check the Light Source Unit		
6. Check the Quality of Picture in LCD Monitor		
7. Check the Video Recorder (if available)		
8. Check the Physical Condition of CO2 Insufflator		
9. Check the Physical Condition of Unit Trolley		
10. Check the CO2 Cylinder and Regulator		
Cleaning		
1. CLEAN all surface unit from the Dust & waste		
2. Cleaning inside, around the Cover of Light Lamp		
3. Clean all the Head of Camera by Soft Cleaner		
4. Clean inside the Trolley & organize the cables		
5. Clean the Light source Fan		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions of (Laparoscopye Unit)		
2. Check Camera (Brightness, Contrast, control)		
3. Check The Light Lamp		
4. Check All Controls of Laparoscopy Unit Function		
5. Check CO2 Insufflator Flow		
6. Check the function of LCD Display		
7. Check the Memory of Video Recorder		
8. Check the all Switch Function		
9. Check Alarms		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



7

PPM of (STEAM AUTOCLAVE)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
Check the Status of Cable (autoclave and box)		
Check the safety valve		
Check the Switches		
Check the Power Connection		
Check the pressure valve, 2 and 1 par		
Check the water coming to chamber,		
Check the pressure and heater indicator,		
Check the Physical Condition of autoclave Sterz.		
Check Physical condition Of indicator of Sterilization paper		
Cleaning		
1) CLEAN THE chamber		
2) Cleaning inside, around autoclave		

ELECTRICAL SAFETY CHECKS		
1. leakage current test	<20 uA	
2. line- neutral voltage	220 Volt	
3. line- ground voltage	220 Volt	
4. ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check Main functions (pressure,heating,time,..etc).		
2. Check the Rebber around the Door		
3. Check the Distil water		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



قوائم الصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

PPM
OF MEDICAL EQUIPMENTS IN
ICUs



8

PPM of (VENTILATOR)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL (Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Inspect parts for damage; Replace as necessary.		
3. Check the Medical Supply of O2 & Air.		
4. Check the patient tubing, Water Trap, Expiration & Inspiration Valve, Nebulizer, Humidifier, O2 Sensor, CO2 Sensor.		
5. Check ALL Connectors to the Device.		
6. Check the Leakage of O2 & Air.		
7. Check the Indicator of Battery, AC Supply, Modes		
8. Check the Compressor of Air.		
Cleaning		
1. Clean surface & Screen/Control/Connectors.		
2. Clean the fan filter, inspiratory dust filter, Arms		
3. Clean Expiration Valve flow Sensor & Assembly		
4. Clean the housing of Compressor & filter at Air.		
5. Clean the Nebulizer, Humidifier, CO2 Sensor.		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check Self-Test.		
2. Alarms & Messages.		
3. Calibrate (O2 Sensor, INP & EXP Valve, flow Sensor, Pressure Sensor, CO2 Sensor, Touch Screen.		
4. Check ALL Setting Parameters		
5. Check flow of O2 & Air Supply.		
6. Check Battery function.		
7. Check the function of (Nebulizer, Humidifier, CO2, Water Trap, Tubing, All Sensors		
8. Check function of Compressor, Alarms, Switch, main B		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used				
No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name: /

Dep. Head
Name: /
Signature: / _____



9

PPM of (PATIENT MONITOR)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL (Physical Damage/Bents)		
1. CONNECTORS (LOOSE /BROKEN)		
2. CABLE INSPECTION (ECG, SPO2, NIBP, CO2) FOR BREAKAGE		
3. POWER PLUG TOP Broken/ Plug Pins Loose		
4. PHYSICAL		
5. Safety Labels (Intact)		
Cleaning		
1) CLEAN The DISPLAY		
2) CLEAN EXTERNAL SURFACES		
ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. line- ground voltage	220 Volt	
4. ground- neutral voltage	<5v	

Functional Check	Observation	Remarks
1. GENERAL		
2. HEART RATE (SAME AS SOURCE)		
3. PULSE RATE (SAME AS SOURCE)		
4. SPO2 (SAME AS SOURCE)		
5. NIBP (SYST/DIASTOLIC) (SAME AS SOURCE)		
6. CO2 (SAME AS SOURCE)		
7. RESP (SAME AS SOURCE)		
8. TEMP (SAME AS SOURCE)		
9. DISPLAY (BRIGHT/CONTRAST/BACK LIT)		
10. ALARMS (AUDIBLE/RESPONSE)		
11. SWITCHES (FUNCTIONAL/NON FUNCTIONAL)		
12. BATTERY (CHARGE STATUS)		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name: /

Dep. Head
Name: /
Signature: / _____



11

PPM of (DC SHOCK MACHINE)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cod & plug.		
2. General (physical damage/bents)		
3. Connectors (loose /broken)		
4. Cable inspection(ECG, paddle and SPO2)		
5. Physical Pacemaker		
Cleaning		
1) Clean surface and screen/Control		
2) Clean the Paddle/ plate of Paddle		
3) Clean the Screen and surface		
4) Clean the ECG Lead/Spo2 Sensor		
ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	

Functional Check	Observation	Remarks
1. Paddle Shock Function at 50j-360j		
2. Maintenance Function by program		
3. Synchronous mode		
4. Check Internal Battery/Charger Lid		
5. Joules delivered		
6. Aid mode		
7. Charging status		
8. Speaker		
9. Check Alarms/ Messages		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



14

PPM of (INFUSION PUMP)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL		
1. Check physical condition of power cord & plug.		
2. Check the UPS & Charger		
3. General		
4. Connectors		
5. Cable inspection		
Cleaning		
1) Clean the Display		
2) Clean the drop Door		
3) Clean drop sensor		
ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	

Functional Check	Observation	Remarks
1. GENERAL		
2. RATE (As per rate)		
3. DISPLAY (VISIBLE/BRIGHT/CONTRAST)		
4. SWITCHES (FUNCTIONAL)		
5. ALARMS (AUDIABLE/RESPONSE)		
6. VOLUME (HIGH/LOW)		
7. TIME (SET TIME)		
8. BATTERY (CHARGE STATUS)		
9. SPEAKER (FUNCTIONAL)		
10. DROP SENSOR (FUNCTIONAL)		
11. LEDS (GLOWING)		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name: /

Dep. Head
Name: /
Signature: / _____



16

PPM of (ELECTRICAL SUCTION MACHINE)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL (Physical Damage/Bents)		
1. Check the physical conditions (Breakage/Damage)		
2. Check the power code		
3. Check the Switches		
4. Check the fuse		
5. Check the indicators		
6. Check the tubing		
7. Check the status of bacterial filter		
8. Check the Bottles		
Cleaning		
1) CLEAN or Change inlet filter.		
2) CLEAN or Change return Valve.		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Motor		
2. Check the transformer		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name: /

Dep. Head
Name: /
Signature: / _____



قوائم الصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

PPM
OF MEDICAL EQUIPMENTS IN
NURSERY



17

PPM of (INFANT INCUBATOR)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Inspect the parts for damage; Replace as necessary.		
3. Physical Check the Control Panel.		
4. Check the Main Control, Remote & Screen Control (Visual Insp)		
5. Inspection of Wheel Movements.		
6. Check the Ambient Temp. & Humidity.		
7. Check the Door & Panel of hood.		
8. Check the Connection of Sensors.		
9. Check the Water Tank, Plastic Sleeve & Seal of Access door.		
Cleaning		
1. Clean the surface & Control Panel.		
2. Clean Air Filter & the Hood.		
3. Clean the Skin Temp. Sensor.		
4. Clean the bassinet, Main Deck, Shelf & Mattress.		
5. Clean the Soft tubing, Gaskets, Iris port Sleeves.		
6. Clean Water Reservoir.		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Control Panel Function.		
2. Switches.		
3. Indicators & Alarms.		
4. Heater.		
5. Temperature Skin Sensor, Cabinet Sensor.		
6. Door Locks.		
7. Water Tank.		
8. Battery		
9. Self-Test.		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



18

PPM of (INFANT WARMER)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Inspect parts for damage, Replace as necessary		
3. Physical Check the Control Panel		
4. Check the main Control ,Remote Control and Screen Control (Visual inspection)		
5. Inspection the movements of Wheel		
6. Check Ambient Temperature & Humidity		
7. Check the connection of sensors		
8. Check the heating		
9. Check the Light		
Cleaning		
1) Clean the surface and Control Panel		
2) Clean the Waste from ,around Heater		
3) Clean the Skin Temperature sensor		
4) Clean the Shelf and Mattress		
5) Clean the inside the Light Lamp hosing		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Control Panel Function		
2. Switches		
3. Indicators and Alarms		
4. Heater		
5. Temperature Skin Sensor		
6. Light Lamp		
7. Temperature Control		
8. Control Panel Battery (if Available)		
9. Self test		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



19

PPM of (O2 CONCENTRATOR)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Proper earthing and voltage at site		
2. External damage		
3. Cable connection Damage, and Switch		
4. Check the Flow meter		
5. Check the Dust filter is very cleaned		
6. Check the movement of Wheel		
7. Check the rate of flow at low flow ~2 LPM		
8. Check the rate of flow at high flow ~8 LPM		
9. Check the Purity of O2 (must be at least 94)		
Cleaning		
1. Cleaned Filter (open cover) or change it		
2. Dust on condenser		
3. Cleaned flow meter and inside the device		
4. Clean Dust inside the compressor & Valves		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Compressor working		
2. O2 Generator working		
3. Sound at Generate o2 Stop		
4. LED condition		
5. Air input Valve		
6. O2 Output Valve		
7. O2 Generator Poston		
8. Alarms		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



قوائم الصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

PPM
OF MEDICAL EQUIPMENTS IN
RADIOLOGY DEP



20

PPM of (X-RAY MACHINE)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL (Physical Damage/Bents)		
2. Check the Status of Cable (X-Ray to Monitor)		
3. Check the Exposure Indicator		
4. Check the Switches		
5. Check the Power Connection		
6. Check the Foot Switch		
7. Check the X-Ray table Movement (Lifting, Lowering, Rotation)		
8. Check the X-Ray Tube Movement (Lifting, Lowering, Rotation)		
9. Check the Physical Condition of X-ray Tube		
10. Check the Physical condition Of Image Intensifier		
Cleaning		
1. CLEAN The Table, Control & Stand		
2. Cleaning inside, around the tube		
3. Cleaning Printer		
4. Cleaning the Collimator and Slides		

ELECTRICAL SAFETY CHECKS		
1. leakage current test	<20 uA	
2. line- neutral voltage	220 Volt	
3. line- ground voltage	220 Volt	
4. ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions (Kva, mA, mAS)		
2. Check the X-Ray Image		
3. Check the Lamp of Collimator		
4. Check Movement of Stand and Tube		
5. Check Control and Expouser Switch		
6. Check Alarms		
7. Check the Heating of Tube		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



21

PPM of (MOBILE X-RAY MACHINE)

DEPARTMENT	
------------	--

EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL(Physical Damage/Bents)		
2. Check the Status of Cable (X-Ray to Monitor)		
3. Check the Exposure Indicator		
4. Check the Switches		
5. Check the Collimator and Light		
6. Check the Arms and Handel		
7. Check the Stand Movement (Lifting, Lowering, Rotation)		
8. Check the X-Ray Tube Movement (Lifting, Lowering, Rotation)		
9. Check the Physical Condition of X-ray Tube		
Cleaning		
1. CLEAN The Arms, Control & Stand		
2. Cleaning inside, around the tube & LCD Monitor		
3. Clean the Collimator and Slides		

ELECTRICAL SAFETY CHECKS		
1. leakage current test	<20 uA	
2. line- neutral voltage	220 Volt	
3. line- ground voltage	220 Volt	
4. ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions (Kva, mA, mAS)		
2. Check the X-Ray Image		
3. Check Alarms		
4. Check Controls		
5. Check Battery		
6. Check Wheel		
7. Check Collimator Lamp		
8. Image Transfer		
9. Main Board		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



22

PPM of (CT SCAN)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check the Status of Cable (Gentry to Monitor)		
2. Check the Control Room & Protection Window		
3. Check the UPS Room		
4. Check the Patient Table, or Patient Couch		
5. Check the PC Control ,Gentry Control		
6. Check Table Movement (Lift, Right, Up, Down etc..)		
7. Gantry cover remounting & interference check		
8. Check the Physical Condition of X-ray Tube, Detector, High Voltage Control		
Cleaning		
1. CLEAN the PC Monitor, Control & LCD Monitors		
2. Cleaning inside the Gentry (Clean the Dust)		
3. Clean the inside & Around Couch Patient		
4. Clean the Printer (Clean the Dust)		
5. Clean the UPS, Console		
6. Cleaning parts inside the gantry (cleaning the fan filter and other parts and checking for oil leakage)		

ELECTRICAL SAFETY CHECKS		
1. leakage current test	<20 uA	
2. line- neutral voltage	220~380 Volt	
3. line- ground voltage	220~380 Volt	
4. ground- neutral voltage	<1v	
Functional Check	Observation	Remarks
1. Preparations for inspection of working		
2. Checks inside the gantry (DAS thermo-regulator, fan)		
3. Check important tightening sections in gantry & the rotation belt		
4. Emergency stop button operation check (console, hybrid keyboard)		
5. X-ray system adjustment and output check		
6. Checking various sections of the gantry		
7. Gantry positioning projector projection point check		
8. Checking the parts inside the patient couch		
9. Checking the safety circuit operation		
Others		
1. Check the Lable Safety Card		
2. Check the indicator Tag of Sterilization		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



23

PPM of (ULTRASOUND MACHINE)

DEPARTMENT	
------------	--

EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Check the UPS / Charger		
3. Check the trolley		
4. Check the all parts of damage		
5. Check the printer of damage		
Cleaning		
1) Clean the dust from inside the device & fan		
2) Clean the Probes		
3) Clean the Screen and surface		
4) Clean the Printer		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Probes Function		
2. Maintenance Function by program		
3. Check Brightness Key/ Contrast Key		
4. Check Internal Battery		
5. Check keyboard /ball Roll		
6. Check Printer/Paper/Function/Lids/Controls		
7. Check Fan/Probes boards/ Control boards		
8. Check Modes function		
9. Check Alarms/ Messages		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



قوائم الصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

PPM
OF MEDICAL EQUIPMENTS IN
LAB & BLOOD BANK



25

PPM of (AUTOMATED HEMATOLOGY ANALYZER)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL (Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
1. Check UPS and electrical grounding		
2. Check the Display and Switches		
3. Clean the Sample Aspirating probe		
Cleaning		
9. Cleaning outer surface of the Machine & inside		
10. Cleaning the Chamber and lenses		
11. Check the cleaning in Piping		
12. Check cleaning by program		
13. Check if no leakage inside Chamber & piping		
ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	

Functional Check		
1. Check the function of Microprocessor controlled CBC System		
2. Check the Working of Door & out Side Door		
3. Check the sample function test by using Automatic Rinse		
4. Check the Maintenance of program by (Back Flush, Burn, Drain chamber, Drain Piping)		
5. Check the function of filters and Valves		
6. Check the function of All boards		
7. Check physical condition of power cord & plug.		
8. Check Fuse and electrical grounding		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name: /

Dep. Head
Name: /
Signature: / _____



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PPM of (ELECTROLYTE ANALYZER)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cod & plug.		
2. Check the UPS /Adapter or Charger		
3. Check the Display and Switches		
4. Check the probe of damage		
5. Check the ratio of solution A&B		
6. Check the Solution Waste Bottle		
7. Check the Electrode Condition		
8. Check the Circuit of Tubes		
Cleaning		
1) Clean the dust from inside the device		
2) Clean the Electrodes by using Distill Water		
3) Clean the probe and Circuit		
4) Clean the device by using program steps		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the function of motor		
2. Check the main board and Touch Screen		
3. Check the voltage of Electrodes		
4. Check the filter A&B		
5. Filling the electrodes by Solution		
6. Self test		
7. Alarms		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



29

PPM of (SEMI AUTOMATED BIOCHEMISTRY)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Check UPS and electrical grounding		
3. Check the Display and Switches		
4. Check the Sample Aspirating probe		
5. Check the Printer		
6. Check the suction of Waste		
Cleaning		
1) Clean the surface and Screen		
2) Clean filters and motor		
3) Clean the Aspirating Probe		
4) Clean optical Cuvette		
5) Clean by Program Steps		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check main function of wave length		
2. Check the Lamp (Calibrate the Lamp)		
3. Check the Speed of Motor		
4. Check the Cuvette Wave length		
5. Check the Alarms		
6. Check the Setting and Touch Screen		
7. Check the Memory of device		
8. Check the Result of the Sample		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



30

PPM of (FULL AUTOMATED BIOCHEMISTRY)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Check UPS and electrical grounding		
3. Check the PC and Keyboard, and Control		
4. Check the Sample Aspirating probe		
5. Check the Printer		
6. Check the Solution and Distill Water		
Cleaning		
1) Clean the surface and PC Screen		
2) Clean Valve and motor		
3) Clean the Aspirating Probe		
4) Clean the fan and inside the machine		
5) Clean by Program Steps		
ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	

ELECTRICAL SAFETY CHECKS

4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check Start-up		
2. Check the Lamp (Calibrate the Lamp)		
3. Check the volte, Efficiency of Lamp		
4. Check Valves function		
5. Check the Cuvette Wave length		
6. Check the Alarms		
7. Check the Movement of Probes		
8. Check the Setting		
9. Check workstation list		
10. Check the shutdown Steps		
11. Check the Result of the Sample		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



31

PPM of (FULL AUTOMATED ELISA)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Check UPS and electrical grounding		
3. Check the PC and Keyboard, and Control		
4. Check the Sample Aspirating Sryinge		
5. Check the Printer and Connection		
6. Check the Solution and Distill Water		
Cleaning		
1) Clean the surface and PC Screen		
2) Clean inside and around the Lamp		
3) Clean the Syringe		
4) Clean the Wash Bottle		
5) Clean the Rinse Bottle		
6) Clean the fan and inside the machine		
7) Clean by Program Steps		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check function Start of Day	_____	_____
2. Check function End of Day	_____	_____
3. Check the Lamp (Calibrate the Lamp)	_____	_____
4. Channel Blank Function	_____	_____
5. Filter Voltage Function	_____	_____
6. Check Priming of Wash Bottle	_____	_____
7. Check Priming of Rinse Bottle	_____	_____
8. Check the Movement of Syringe	_____	_____
9. Check the Setting	_____	_____
10. Check Balance of Plate and Syringe	_____	_____
11. Check function of Program Steps	_____	_____
12. Check the Result of the Sample	_____	_____
Return the test of sample for twice (important)		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used				
No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



32

PPM of (MULTIFUNCTIONAL MIXER)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check physical condition of power cord & plug.		
2. Check the UPS		
3. Check the Display and Switches		
4. Check the sound of motor		
5. Check speed of motor		
6. Check the Roll of device		
Cleaning		
1) Clean the dust from the fan		
2) Clean the mechanical Roll from the dust		
3) Wipe the Roll by strong Oil		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the function of motor		
2. Check the Resistance Speed		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name: /.....

Dep. Head
Name: /.....
Signature: /_____



33

PPM of (BLOOD BANK REFRIGERATOR)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual & External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Proper earthing and voltage at site		
2. External damage		
3. MCB mounting (Magnetic circuit breaker)		
4. Check the Door		
5. Cleaned Filter		
6. Dust on condenser in Compressor		

Functional Check	Observation	Remarks
1. Compressor working		
2. TRCU function		
3. stabiliser function		
4. FAN(int/ext)		
5. LED condition		
6. Alarms		
7. Chart movement		
8. Temp. reding & display		

Functional Check	Observation	Remarks
9. CFL/Limit switch		
10. Lock function		
11. Wheel movement		
12. Battery backup		
13. Ink-spreading		
14. drainage leak		

ELECTRICAL SAFETY CHECKS	Observation	Remarks
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



قوائم الصيانة الوقائية للتجهيزات الطبية في وحدات الخدمة في المستشفيات

PPM
OF MEDICAL EQUIPMENTS IN
OPD CLINICS



34

PPM of (ECHO MACHINE)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL (Physical Damage/Bents)		
2. Check the Status of Cables Connection		
3. Check the Screen & Controls		
4. Check the Switches		
5. Check the probes Connection		
6. Check the Trolley and Wheel		
7. Check the printer		
8. Check the UPS, and Power Supply indicator		
9. Check the Physical Condition of probes		
Cleaning		
1. CLEAN The Screen, Control & Surface		
2. Cleaning inside the House Connection of Probes		
3. Clean the Probes		
4. Clean Dust from Fan & inside the machine.		
5. Clean the UPS and Printer		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions of Probes		
2. Self Test		
3. Check Alarms ,Messages		
4. Check Controls		
5. Check Console Battery		
6. Check Color Doppler		
7. Check the A mode-B Mode- Doppler		
8. Image brightnees and Contrast		
9. UPS/ Printer Fuction		
10. Setting and Adjustement		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



35

PPM of (TREADMILL)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL (Physical Damage/Bents)		
2. Check the Status of Cables Connection		
3. Check the Status of Control		
4. Check the Treadmill place		
5. Check the cover of Treadmill		
6. Check LCD Display /ECG Stress/Speed		
7. Check the Physical Condition of ECG Stress		
8. Check the Physical Condition of movements		
Cleaning		
1. CLEAN the Surface & Treadmill Cover		
2. Cleaning inside, around the motors		
3. Put Oil around the motor & Arms movement		
4. Clean inside the Printer (if available)		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions of (Treadmill)		
2. Check the ECG signal stress		
3. Check The Speed & Time of Treadmill		
4. Check the Time on display		
5. Check the Setting of program		
6. Check the Display Signal		
7. Check the Motor and Oil		
8. Check the printer function of ECG Singal		
9. Check the Movement of Arms		
10. Check Alarms		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used				
No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



36

PPM of (ENT UNIT)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL (Physical Damage/Bents)		
2. Check the Status of Cables Connection		
3. Check the Status of Control, Display		
4. Check the Air and Water Tubes of Leakage		
5. Check a Camera and Light Source		
6. Check the Arms and Handel of Unit		
7. Check the Movements of Unit/Chair/Light/Pipes		
8. Check the Physical Condition of Compressor Air		
9. Check the Physical Condition of Patient Chair		
Cleaning		
1. CLEAN The Arms, Control & Washer		
2. Cleaning inside ,around the tubes of Washer		
3. Clean the Surface of Camera & Light Source		
4. Clean inside the control of Chair and Unit		
5. Clean all Accessories of ENT Unit		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions (of ENT Unit)		
2. Check the Camera (Brightness, Contrast)		
3. Check The control of Light		
4. Check All Controls of ENT Unit Function		
5. Check Air Flow		
6. Check Water Flow		
7. Check the function of all Movement		
8. Check the all Valves function		
9. Check Alarms		
10. Check Suction of the Waste ,Washer		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used				
No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



37

PPM of (AUDIOMETER)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL (Physical Damage/Bents)		
2. Check the Status of Cables Connection/UPS		
3. Check the Status of Control, Switch & LCD Display		
4. Check the Oscillator		
5. Check the Headphones and Cables		
6. Check the Obfuscation/Noise of Room/Cabinet		
7. Check the Printer Status		
8. Check the Physical Condition of Audiometer		
Cleaning		
1. CLEAN the surface of unit and control		
2. Cleaning the Headphones & wire connection		
3. Clean inside the printer		
4. Clean inside the Cabinet (if available)		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions of (Audiometer Unit)		
2. Check the Signal (Noise, Contrast, control)		
3. Check The setting of program		
4. Check Amplifiers Function		
5. Check Printer function/ Paper/ Controls		
6. Check the function of Display		
7. Check the Memory of program		
8. Check quality of singal /and Result		
9. Check Alarms		
10. Check the program Battery (if available)		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used				
No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....



38

PPM of (DENTAL X-RAY)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL (Physical Damage/Bents)		
2. Check the Status of Cable (X-Ray to Monitor)		
3. Check the Exposure Indicator		
4. Check the Switches, Control		
5. Check the Collimator and Light		
6. Check the Extension Arms		
7. Check Stand Movement (Lifting, Lowering, Rotation)		
8. Check the X-Ray Tube Movement		
9. Check the Physical Condition of X-ray Tube		
Cleaning		
1. CLEAN The Arms, Control & Stand		
2. Cleaning inside, around the tube		
3. Clean the Collimator & Slides		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions (Kva, mA, mAS)		
2. Check the X-Ray Generator System		
3. X-Ray Tubehead function		
4. Check Alarms		
5. Check Controls Panel / Exposure Buttons		
6. Check Battery		
7. Indicator Light, Master Switch Function		
8. Movements function		
9. Check Collimator Lamp		
10. Image Porcessing		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:

Name:/.....

Dep. Head

Name:/.....

Signature:/.....



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PPM of (DENTAL CHAIR)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. Check the Status of Cables Connection		
2. Check the Status of Control, Display		
3. Check the Air and Water Tubes of Leakage		
4. Check a Switches in General		
5. Check the Arms and Handel of Unit		
6. Check the Movements of Unit/Chair/Light/Handpic		
7. Check the Physical Condition of Compressor Air		
8. Check the Physical Condition of Patient Chair		
9. Check the Washer and output of Waste water		
Cleaning		
1. CLEAN The Arms, Control and Washer		
2. Cleaning inside ,around the tubes of Washer		
3. Clean inside the control and Valves of dust		
4. Clean inside the control and Motor of Chair		
5. Clean the Compressor air and Air filter		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions (of Handpices)		
2. Check the control of Handpices		
3. Check The the Light Lamp		
4. Check All Controls of Dental Chair Function		
5. Check Air Flow		
6. Check Water Flow		
7. Check the function of all Movement		
8. Check the all Valves function		
9. Check Alarms		
10. Check Suction of Waste & control Washer		
11. Check the purirty of Water		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used				
No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:

Name:/.....

Dep. Head

Name:/.....

Signature:/.....



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PPM of (ENDOSCOPY UNIT)

DEPARTMENT	
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EQUIP NAME		MODEL		INSTALLED DATE	
EQUIP ID		SERIAL NO		CONTRACT	

PPM S-1	PPM S-2	PPM S-3
DATE: / /20	DATE: / /20	DATE: / /20

Visual& External Inspection	Observation	Remarks
GENERAL(Physical Damage/Bents)		
1. GENERAL (Physical Damage/Bents)		
2. Check the Status of Cables Connection		
3. Check Status of Control, Switch & LCD Display		
4. Check the Camera Unit/Camera Fiber Cable		
5. Check the Light Source Unit		
6. Check the Quality of Picture in LCD Monitor		
7. Check the Video Recorder (if available)		
8. Check the Physical Condition of CO2 Insufflator		
9. Check the Physical Condition of Unit Trolley		
10. Check the CO2 Cylinder and Regulator		
Cleaning		
1. CLEAN all surface unit from the Dust & waste		
2. Cleaning inside, around the Cover of Light Lamp		
3. Clean all the Head of Camera by Soft Cleaner		
4. Clean inside the Trolley & organize the cables		
5. Clean the Light source Fan		

ELECTRICAL SAFETY CHECKS		
1. Leakage Current test	<20 uA	
2. Line- Neutral voltage	220 Volt	
3. Line- Ground voltage	220 Volt	
4. Ground- neutral voltage	<5v	
Functional Check	Observation	Remarks
1. Check the Main functions of (Endoscopy Unit)		
2. Check Camera (Brightness, Contrast, control)		
3. Check The Light Lamp		
4. Check All Controls of Endoscopy Unit Function		
5. Check CO2 Insufflator Flow		
6. Check the function of LCD Display		
7. Check the Memory of Video Recorder		
8. Check the all Switch Function		
9. Check Alarms		
Others		
1. Check the Lable Safety Card		
2. Check The Cleaning around the device		
3. Inspection the Daily Check List is done		

Spare Parts Used

No م	Description المواصفات	Part No. رقم القطعة	QTY الكمية	Note ملاحظات
1)				
2)				

PPM Done by:
Name:/.....

Dep. Head
Name:/.....
Signature:/.....