

Maintenance Protocol

Maintenance/Checks for technical safety pursuant to § 6 Medizinprodukte-Betreiberverordnung [German Regulations for Operators of Medical Devices and Products]



Medical and Health Care Supplies Shop

Name
 Street
 Postcode/Town

Tester

Name
 Street
 Postcode/Town

Bed Location

Name
 Street
 Postcode/Town

Bed

Type
 Serial No.

Reason for Test

Before start up
 Interval Maintenance
 Following a Repair

Maintenance Confirmation

.....
 Date / Customer's signature

Test	Component	OK / Not OK	
Visual	Identification plate	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Operating instructions	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Head and foot parts	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Lateral parts	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Lifting system	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Bed base	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Castors	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Screw fittings	<input type="checkbox"/>	<input type="checkbox"/>
Function	Smooth running	<input type="checkbox"/>	<input type="checkbox"/>
Castors	Fixing	<input type="checkbox"/>	<input type="checkbox"/>
	Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Function	Smooth movement	<input type="checkbox"/>	<input type="checkbox"/>
Lateral parts	Locking	<input type="checkbox"/>	<input type="checkbox"/>
	Hinges	<input type="checkbox"/>	<input type="checkbox"/>
Function	Lifting motors	<input type="checkbox"/>	<input type="checkbox"/>
Motors	Head section motors	<input type="checkbox"/>	<input type="checkbox"/>
	Foot part motors	<input type="checkbox"/>	<input type="checkbox"/>
	Trendelenburg	<input type="checkbox"/>	<input type="checkbox"/>
Function	<input type="checkbox"/>	<input type="checkbox"/>
Accessories	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical examination in total		<input type="checkbox"/>	<input type="checkbox"/>

Electrical Test	Component	OK / not OK		Remarks
Visual	Mains connection	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Plug(s)	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Power line	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Strain relief	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Gears	<input type="checkbox"/>	<input type="checkbox"/>
Visual	Protection / IPX 4	<input type="checkbox"/>	<input type="checkbox"/>
Function	Manual switch	<input type="checkbox"/>	<input type="checkbox"/>
	Final shutdown	<input type="checkbox"/>	<input type="checkbox"/>
	Rechargeable/battery	<input type="checkbox"/>	<input type="checkbox"/>
				Actual Desired
Measurement	Resistance	<input type="checkbox"/>	<input type="checkbox"/> > 2 M Ohm
	Leakage	<input type="checkbox"/>	<input type="checkbox"/> < 0,1 mA
Electrical examination in total		<input type="checkbox"/>	<input type="checkbox"/>	

Measuring instrument used

Remarks:

Date / Signature of Tester