



2 & 3, Devi Illam, Priya Nagar,  
Telungupalayam Pirivu,  
Coimbatore -641 039, TamilNadu.

**Periodic Mandatory tests should be done by User/Department Staff & BME**


S.no	PERIODIC PERFORMANCE TEST (PPT) - Check list				Status	
I	DAILY	Visual inspection test	(a). Cabinet & Visible damages, if any (b). LCD & power cord accessories (c). Risk of mechanical damages, if any			
II	WEEKLY	Electrical safety test	(a). User should ensure with input power, proper earthing & insulation for their equipment, patient & themselves safety by  Electrical line checker**			
III	MONTHLY	Function test	(a). All parameters test (b). Battery cycle test			
IV	QUARTERLY	PM test	W	AMC	NW	
			As Recommended	As per agreement	As per aging & technical specification	
V	HALF YEARLY	CAL test	**			
VI	----	BM test	Nature of repair			
			Repair done			
			Parts replacement			
			Maintenance done			
			Backup action taken			
Formulated By: Einstein Research Laboratory			Issued By:		User Department:	
Endorsed By: Research team head			<b>THE CALIBRATION SOLUTION</b> A BIOMEDICAL INSTRUMENTATION COMPANY COIMBATORE - 641 039. MOBILE : 9597089432			
Reviewed On : 12.10.22 Next Review : 12.04.23						

\*BME BioMedical Engineer

\*\*Electrical line checker -Digital device can be used by any non ELECTRICAL PERSON ...

\*\*\*With reference to Calibration Protocol & Report for Medical Equipment

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**T. ARUN PRASAD, M.Tech. MBA. (Ph.D)**  
Managing Director  
Consultant Biomedical Engineer

GSTIN: 33APLPA 1828A1ZM

**Equipment Maintenance Plan (EMP)- Protocol**  
**Equipment: AUTO ANALYSER**

**Maintenance CLASS** : Warranty(W)/AMC/Non Warranty(NW)  
**Maintenance TYPE** : Preventive (PM)/Breakdown(BM)  
**EMP Standard** : Periodic PerformanceTest(PPT)/Calibration Test(CT)  
**Period Routine** : Daily/Weekly/Monthly/Quarterly/Half-yearly/Yearly  
**PPT executed by** : Hospital concern Department Staff(Equipment User)  
**PPT testing Mode** : Visual inspection/Electrial Safety/Parameter  
**CT performed by** : Equipment Mfr/Supplier/Qualified Biomedical Engineer  
**CAL Traceability** : Electrical safety Analyser  
**PM procedure** : Periodic replacement/maintenance spares  
**BM procedure** : Nature of repair/spares  
**Documentation of Repair & maintenance pance Record: @**

S.no	Make	Model	S.NO	Maintenance class	Maintenance type		Remarks
					PM	BM	
1	ROBONIK	PRITEST TOUCH	AT0850115RBK	NW	Y	Y	

**T. ARUN PRASAD, M.Tech. MBA. (Ph.D)**  
Managing Director  
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**Calibration Protocol & Report for Medical Equipment**

Equipment: **AUTO ANALYSER**

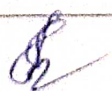
Protect Class/Type: Risk class 2/CF

Make : **ROBONIK**

S.No : **AT0850115RBK**

Model : **PRITEST TOUCH**

Location : **ATHIMUGAM-GPHC**

S.no	Measurement Parameters	Status	Remarks
I	<b>Electrical test</b> (a). Safety Standards (range: 210-240 V) (b). Equipotential ground & Earthing (c). Risk of shock/fire Hazards, if any (d). Chassis & Insulation Resistance (e). Earth & Chassis Leakage Current (f). Battery condition & charging status	230 volts 0 to 5 volts no zero ohms 10mA	Stabiliser/ups  Wih in ranges
II	<b>Physical Condition Test</b> (a). Cabinet & Visible damages, if any (b). Spo2 probe, clip, extn cable, Power cord & accessories (c). Risk of mechanical damages, if any)	No ok No	Checked ok
III	<b>Performance Test</b> (a). biochemistry test Test (b). photo detector test (c). Optics performance (d). Abnormalities (e). Display checkup (f). Keypad/indicators & connectors	Normal Ok/Wave lenth No Ok Well	Fine clarity Perfect nm
IV	<b>Calibration Test</b> (a). Input power regulation done (b). SMPS power supply various outputs calibrated -/+3V, 5V, 12V calibration done (c). Power supply to source Cal- (d). Source lamp Sensor Cal-II (range: 1250-1300ohms) (e). Detector sensitivity (range: 370-940nm)	tuning Calibrated Done 6Dc Done 1250ohms Normal	Tuned in range     Well
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