



# Inspection and Preventive Maintenance System Of *Weighing machine*(Neonate)

## Biomedical Engineering Department Nan Hospital

Procedure No. IPM-WEB-001 (Period 1 Yr.)/Average Time Required : 90 Minute

### STATUS

- PASSED  
 SERVICE REQUIRED  
 REMOVE FROM USE

### Equipment information

Department : LR ID Code : WEB -LR-001  
 Equipment No. : 6530-008-0321/57-001 IPM Date :19/07/66  
 Manufacturer : PROGRESS Model : RGZ-20A SN : -  
 Location : Phuphiang Hospital IPM Report : IPM 061/66

### IPM Information

IPM Type :  Incoming (IPM Plan)  Post Repair  New Equipment  Re-Call  Other .....

Ambient Temperature : 23.6°C (25°C ±5°C) Humidity : 56.7%RH (55 % RH±15)

### Test Apparatus

Equipment	Manufacturer	Model	Serial No.	Cert. No.	Cal. date
Standard weight	LS	Class F1	SS10K113-19	CM190064	08/02/2019

### IPM Result (Reference : ECRI 2008 Institute )

QUALITATIVE TASKS									
PASS	FAIL	N/A	Check	Comment	PASS	FAIL	N/A	Check	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chassis/Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circuit Breaker/Fuse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mount/Fasteners		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control/Switches	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC Plug		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicators/Displays	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line Cord		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labeling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strain Relief		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessories	

Electrical Safety Test						
	Criteria Set	Set/ Indicated	Measured	PASS	FAIL	N/A
Electrical Safety : <input type="checkbox"/> IEC 60101-1 : <input type="checkbox"/> IEC62353	Class of Protection : <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II					
	Applied Part Type : <input type="checkbox"/> B Type <input type="checkbox"/> BF Type <input type="checkbox"/> CF Type					
Mains Voltage	Live to Neutral		Vac.			
	Neutral to Earth		Vac.			
	Live to Earth		Vac.			
Ground Resistance /Protective Earth Resistance	<input type="checkbox"/> ≤ 0.2Ω <input type="checkbox"/> ≤ 0.3Ω <input type="checkbox"/> ≤ 0.5Ω		Ω	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chassis/Enclosure Leakage Current	≤ 500μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earth Leakage Current	<input type="checkbox"/> <5,000μA <input type="checkbox"/> <10,000μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Leakage Current	<input type="checkbox"/> ≤ 100 μA(B) <input type="checkbox"/> ≤ 100 μA (BF)		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient lead leakage current/ Patient Auxiliary current – isolation test	<input type="checkbox"/> ≤ 100 μA (B) <input type="checkbox"/> ≤ 100 μA (BF)		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main On Apply Part	<50μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation test (optional) 500 V	≥ 2 MΩ	Mains-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	A.P.-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	Mains-A.P.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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# Inspection and Preventive Maintenance System Of *Weighing machine*(Neonate)

## Biomedical Engineering Department Nan Hospital

QUANTITATIVE TASKS(Cont.)						
Measured Value	Criteria	Set / Indicated	Measured	PASS	FAIL	N/A
<b>WEB</b>						
	±50g	1,000g	1,000g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1,200g	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1,500g	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	±100g	2,000g	2,050g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2,500g	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3,000g	3,000g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3,500g	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		5,000g	5,000g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		8,000g	8,000g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	±100g	10,000g	9,900g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		12,000g	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		15,000g	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVENTIVE MAINTENANCE					
Done		Comment			
<input type="checkbox"/>	Clean				
<input type="checkbox"/>	Lubricate				
	Replace	Quantity	Unit Price	Amount	Comment
<input type="checkbox"/>	Battery (Replace Every 18-24 Mount)				
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>	Other.....				
		Total			

NOTE

Inspector : ..... 

(นางสาววิมลรัตน์ ชันทะบุตร)



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# Inspection and Preventive Maintenance System Of *Weighing machine*(Neonate)

## Biomedical Engineering Department Nan Hospital

Procedure No. IPM-WEB-001 (Period 1 Yr.)/Average Time Required : 90 Minute

### STATUS

- PASSED  
 SERVICE REQUIRED  
 REMOVE FROM USE

### Equipment information

Department : OPD ID Code : WEB -OPD-002  
 Equipment No. : 6530-008-0321/58-001 IPM Date : 19/07/66  
 Manufacturer : PROGRESS Model : RGZ-20A SN : -  
 Location : Phuphiang Hospital IPM Report : IPM0058/66

### IPM Information

IPM Type :  Incoming (IPM Plan)  Post Repair  New Equipment  Re-Call  Other .....

Ambient Temperature : 23.2°C (25°C ±5°C) Humidity : 55.7%RH (55% RH±15)

### Test Apparatus

Equipment	Manufacturer	Model	Serial No.	Cert. No.	Cal. Date
Standard weight	LS	Class F1	SS10K113-19	CM190064	08/02/2019

### IPM Result (Reference : ECRI 2008 Institute )

QUALITATIVE TASKS									
PASS	FAIL	N/A	Check	Comment	PASS	FAIL	N/A	Check	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chassis/Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circuit Breaker/Fuse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mount/Fasteners		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control/Switches	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC Plug		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicators/Displays	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line Cord		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labeling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strain Relief		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessories	

### Electrical Safety Test

	Criteria Set	Set / Indicated	Measured	PASS	FAIL	N/A
Electrical Safety : <input type="checkbox"/> IEC 60101-1 : <input type="checkbox"/> IEC62353	Class of Protection : <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II Applied Part Type : <input type="checkbox"/> B Type <input type="checkbox"/> BF Type <input type="checkbox"/> CF Type					
Mains Voltage	Live to Neutral		Vac.			
	Neutral to Earth		Vac.			
	Live to Earth		Vac.			
Ground Resistance /Protective Earth Resistance	<input type="checkbox"/> ≤ 0.2Ω <input type="checkbox"/> ≤ 0.3Ω <input type="checkbox"/> ≤ 0.5Ω		Ω	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chassis/Enclosure Leakage Current	≤ 500μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earth Leakage Current	<input type="checkbox"/> <5,000μA <input type="checkbox"/> <10,000μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Leakage Current	<input type="checkbox"/> ≤ 100 μA(B) <input type="checkbox"/> ≤ 100 μA (BF)		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient lead leakage current/ Patient Auxiliary current – isolation test	<input type="checkbox"/> ≤ 100 μA (B) <input type="checkbox"/> ≤ 100 μA (BF)		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main On Apply Part	<50μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation test (optional) 500 V	≥ 2 MΩ	Mains-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	A.P.-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	Mains-A.P.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Inspection and Preventive Maintenance System Of *Weighing machine*

## Biomedical Engineering Department Nan Hospital

Procedure No. IPM-WEA-001 (Period 1 Yr.) / Average Time Required : 90 Minute

### STATUS

- PASSED  
 SERVICE REQUIRED  
 REMOVE FROM USE

### Equipment information

Department : ANC ID Code : WEA-ANC-001  
 Equipment No. : 6530-008-0721/003 IPM Date : 20/07/66  
 Manufacturer : PRORESS Model : - SN : -  
 Location : Phuphiang Hospital IPM Report : IPM 066/66

### IPM Information

IPM Type :  Incoming (IPM Plan)  Post Repair  New Equipment  Re-Call  Other .....

Ambient Temperature : 23.2°C (25°C ±5°C) Humidity : 55.2%RH (55% RH±15)

### Test Apparatus

Equipment	Manufacturer	Model	Serial No.	Cert. No.	Cal. date
Standard weight	LS	Class M1	I5K106-19, I10K107-19, I20K108-19 to I20K112-19	CM190063	08/02/2019

### IPM Result (Reference : ECRI 2008 Institute )

QUALITATIVE TASKS									
PASS	FAIL	N/A	Check	Comment	PASS	FAIL	N/A	Check	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chassis/Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circuit Breaker/Fuse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mount/Fasteners		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control/Switches	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC Plug		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicators/Displays	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line Cord		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labeling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strain Relief		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessories	

### Electrical Safety Test

	Criteria Set	Set / Indicated	Measured	PASS	FAIL	N/A
Electrical Safety : <input type="checkbox"/> IEC 60101-1 : <input type="checkbox"/> IEC62353	Class of Protection : <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II Applied Part Type : <input type="checkbox"/> B Type <input type="checkbox"/> BF Type <input type="checkbox"/> CF Type					
Mains Voltage	Live to Neutral		Vac.			
	Neutral to Earth		Vac.			
	Live to Earth		Vac.			
Ground Resistance / Protective Earth Resistance	<input type="checkbox"/> ≤ 0.2Ω <input type="checkbox"/> ≤ 0.3Ω <input type="checkbox"/> ≤ 0.5Ω		Ω	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chassis/Enclosure Leakage Current	≤ 500μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earth Leakage Current	<input type="checkbox"/> < 5,000μA <input type="checkbox"/> < 10,000μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Leakage Current	<input type="checkbox"/> ≤ 100 μA ( B ) <input type="checkbox"/> ≤ 100 μA ( BF )		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient lead leakage current/ Patient Auxiliary current – isolation test	<input type="checkbox"/> ≤ 100 μA ( B ) <input type="checkbox"/> ≤ 100 μA ( BF )		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main On Apply Part	< 50μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation test (optional) 500 V	≥ 2 MΩ	Mains-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	A.P.-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	Mains-A.P.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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# Inspection and Preventive Maintenance System Of *Weighing machine*

## Biomedical Engineering Department Nan Hospital

QUANTITATIVE TASKS(Cont.)						
Measured Value	Criteria	Set / Indicated	Measured	PASS	FAIL	N/A
<b>WEA</b>						
Adult (Kg)	±1 Kg	5 Kg	5.00	[ / ]	[ ]	[ ]
		10Kg	10.00	[ / ]	[ ]	[ ]
		20Kg	19.50	[ / ]	[ ]	[ ]
		40Kg	39.50	[ / ]	[ ]	[ ]
		60Kg	59.50	[ / ]	[ ]	[ ]
		80Kg	-	[ ]	[ ]	[ / ]

PREVENTIVE MAINTENANCE					
Done	Comment				
[ / ]	Clean				
[ ]	Lubricate				
	Replace	Quantity	Unit Price	Amount	Comment
[ ]	Battery (Replace Every 18-24 Mount)				
[ ]					
[ ]					
[ ]					
[ ]					
[ ]					
[ ]	Other.....				
		Total			

NOTE

Inspector : ..... 

(นางสาววิมลรัตน์ ชันทะบุตร)



# Inspection and Preventive Maintenance System Of *Weighing machine*

## Biomedical Engineering Department Nan Hospital

Procedure No. IPM-WEA-001 (Period 1 Yr.) / Average Time Required : 90 Minute

**STATUS**  
 PASSED  
 SERVICE REQUIRED  
 REMOVE FROM USE

### Equipment information

Department : OPD ID Code : WEA-OPD-001  
 Equipment No. : 6515-069-3302/64-001 IPM Date : 20/07/66  
 Manufacturer : SONKA Model : - SN : -  
 Location : Phuphiang Hospital IPM Report : IPM 075/66

### IPM Information

IPM Type :  Incoming (IPM Plan)  Post Repair  New Equipment  Re-Call  Other .....

Ambient Temperature : 23.2°C (25°C ±5°C) Humidity : 55.2%RH (55% RH±15)

### Test Apparatus

Equipment	Manufacturer	Model	Serial No.	Cert. No.	Cal. date
Standard weight	LS	Class M1	I5K106-19, I10K107-19, I20K108-19 to I20K112-19	CM190063	08/02/2019

### IPM Result (Reference : ECRI 2008 Institute )

QUALITATIVE TASKS									
PASS	FAIL	N/A	Check	Comment	PASS	FAIL	N/A	Check	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chassis/Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circuit Breaker/Fuse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mount/Fasteners		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control/Switches	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC Plug		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicators/Displays	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line Cord		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labeling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strain Relief		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessories	

### Electrical Safety Test

	Criteria Set	Set / Indicated	Measured	PASS	FAIL	N/A
Electrical Safety : <input type="checkbox"/> IEC 60101-1 : <input type="checkbox"/> IEC62353	Class of Protection : <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II Applied Part Type : <input type="checkbox"/> B Type <input type="checkbox"/> BF Type <input type="checkbox"/> CF Type					
Mains Voltage	Live to Neutral		Vac.			
	Neutral to Earth		Vac.			
	Live to Earth		Vac.			
Ground Resistance / Protective Earth Resistance	<input type="checkbox"/> ≤ 0.2Ω <input type="checkbox"/> ≤ 0.3Ω <input type="checkbox"/> ≤ 0.5Ω		Ω	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chassis/Enclosure Leakage Current	≤ 500μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earth Leakage Current	<input type="checkbox"/> < 5,000μA <input type="checkbox"/> < 10,000μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Leakage Current	<input type="checkbox"/> ≤ 100 μA ( B ) <input type="checkbox"/> ≤ 100 μA (BF)		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient lead leakage current/ Patient Auxiliary current – isolation test	<input type="checkbox"/> ≤ 100 μA ( B ) <input type="checkbox"/> ≤ 100 μA (BF)		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main On Apply Part	< 50μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation test (optional) 500 V	≥ 2 MΩ	Mains-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	A.P.-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	Mains-A.P.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Inspection and Preventive Maintenance System Of *Weighing machine*

## Biomedical Engineering Department Nan Hospital

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QUANTITATIVE TASKS(Cont.)						
Measured Value	Criteria	Set / Indicated	Measured	PASS	FAIL	N/A
<b>WEA</b>						
Adult (Kg)	±1 Kg	5 Kg	-	[ ]	[ ]	[/]
		10Kg	10.0	[/]	[ ]	[ ]
		20Kg	20.0	[/]	[ ]	[ ]
		40Kg	40.0	[/]	[ ]	[ ]
		60Kg	60.0	[/]	[ ]	[ ]
		80Kg	-	[ ]	[ ]	[/]

PREVENTIVE MAINTENANCE					
Done	Comment				
[/]	Clean				
[ ]	Lubricate				
	Replace	Quantity	Unit Price	Amount	Comment
[ ]	Battery (Replace Every 18-24 Mount)				
[ ]					
[ ]					
[ ]					
[ ]					
[ ]					
[ ]	Other.....				
		Total			

NOTE

Inspector : .....  .....

(นางสาววิมลรัตน์ ชันทะบุตร)



# Inspection and Preventive Maintenance System Of *Weighing machine*

## Biomedical Engineering Department Nan Hospital

Procedure No. IPM-WEA-001 (Period 1 Yr.)/Average Time Required : 90 Minute

### Equipment information

Department : ER  
 Equipment No. : -  
 Manufacturer : ZIPPER  
 Location : Phuphiang Hospital

ID Code : WEA-ER-001  
 IPM Date : 20/07/66  
 Model : ZT-160  
 IPM Report : IPM 067/66

### STATUS

PASSED  
 SERVICE REQUIRED  
 REMOVE FROM USE

SN : 580901340

### IPM Information

IPM Type :  Incoming (IPM Plan)  Post Repair  New Equipment  Re-Call  Other .....

Ambient Temperature : 23.2°C (25°C ±5°C) Humidity : 55.2%RH (55% RH±15)

### Test Apparatus

Equipment	Manufacturer	Model	Serial No.	Cert. No.	Cal. date
Standard weight	LS	Class M1	I5K106-19,I10K107-19,I20K108-19 to I20K112-19	CM190063	08/02/2019

### IPM Result (Reference : ECRI 2008 Institute )

QUALITATIVE TASKS									
PASS	FAIL	N/A	Check	Comment	PASS	FAIL	N/A	Check	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chassis/Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circuit Breaker/Fuse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mount/Fasteners		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control/Switches	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC Plug		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicators/Displays	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line Cord		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labeling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strain Relief		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessories	

### Electrical Safety Test

	Criteria Set	Set / Indicated	Measured	PASS	FAIL	N/A
Electrical Safety : <input type="checkbox"/> IEC 60101-1 : <input type="checkbox"/> IEC62353	Class of Protection : <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II Applied Part Type : <input type="checkbox"/> B Type <input type="checkbox"/> BF Type <input type="checkbox"/> CF Type					
Mains Voltage	Live to Neutral		Vac.			
	Neutral to Earth		Vac.			
	Live to Earth		Vac.			
Ground Resistance /Protective Earth Resistance	<input type="checkbox"/> ≤ 0.2Ω <input type="checkbox"/> ≤ 0.3Ω <input type="checkbox"/> ≤ 0.5Ω		Ω	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chassis/Enclosure Leakage Current	≤ 500μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earth Leakage Current	<input type="checkbox"/> <5,000μA <input type="checkbox"/> <10,000μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Leakage Current	<input type="checkbox"/> ≤ 100 μA ( B ) <input type="checkbox"/> ≤ 10 μA (BF)		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient lead leakage current/ Patient Auxiliary current – isolation test	<input type="checkbox"/> ≤ 100 μA ( B ) <input type="checkbox"/> ≤ 10 μA (BF)		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main On Apply Part	<50μA		μA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation test (optional) 500 V	≥ 2 MΩ	Mains-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	A.P.-P.E.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	≥ 2 MΩ	Mains-A.P.	MΩ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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NAN HOSPITAL

# Inspection and Preventive Maintenance System Of *Weighing machine*

## Biomedical Engineering Department Nan Hospital

QUANTITATIVE TASKS(Cont.)						
Measured Value	Criteria	Set / Indicated	Measured	PASS	FAIL	N/A
<b>WEA</b>						
Adult (Kg)	±1 Kg	5 Kg	5.00	[ / ]	[ ]	[ ]
		10Kg	9.20	[ / ]	[ ]	[ ]
		20Kg	19.50	[ / ]	[ ]	[ ]
		40Kg	39.50	[ / ]	[ ]	[ ]
		60Kg	59.70	[ / ]	[ ]	[ ]
		80Kg	-	[ ]	[ ]	[ / ]

PREVENTIVE MAINTENANCE					
Done		Comment			
[ / ]	Clean				
[ ]	Lubricate				
	Replace	Quantity	Unit Price	Amount	Comment
[ ]	Battery (Replace Every 18-24 Mount)				
[ ]					
[ ]					
[ ]					
[ ]					
[ ]					
[ ]	Other.....				
		Total			

NOTE

Inspector : .....  .....

(นางสาววิมลรัตน์ ชันทะบุตร)

Certificate Number : DC\_01/24/2924

Booking Number : 14896

Page : 1 of 2

# Calibration Certificate

Equipment : Piston pipette  
Manufacturer : Sartorius  
Model : Proline 10 - 100  $\mu$ l  
Serial No. : 15586940  
ID.No. : CM-LAB-PIP-001  
Customer : Phu Phiang Hospital  
392 Moo 3  
T.Muang Tued A.Phu Phiang  
Nan  
55000, Thailand.  
Location : 4<sup>th</sup> Floor, Volumetric Laboratory Room.  
( Doctor Calibration Co., Ltd. )  
Date of Receive : March 28, 2024  
Date of Calibration : April 2, 2024  
Date of Issue : April 3, 2024  
Ambient Temperature :  $(20.5 \pm 1.5)^{\circ}\text{C}$   
Relative Humidity :  $(60 \pm 15) \%$   
Pressure :  $(1013 \pm 5) \text{ mbar}$   
Calibration Procedure : CP-01 Based on ISO 8655-6, 2 : 2002  
Calibrated By : Miss. Thitirat Kaewtoy  
Calibration Engineer

Approved By:



**Dr. Calibration**  
( Miss Pawan Puangjan )  
Technical Manager



This certificate may not be reproduced other than in full, except with the prior written approval of the Doctor Calibration Laboratory Center.

**Reference standard instrument**

- This certificate is traceable to The international system of units (SI units) via

	Instrument	Model	Serial No.	Cert.No.	Traceability	Due Date
1.	Electronic Balance	SAG 105	1128411152	23BCI0193	Sartorius	27 April 2024
2.	Thermometer	ASTM 56 C-86	0715181	L202306114-001	MIT	20 June 2024

**Adjustment**

Without Adjustment     Before Adjustment     After Adjustment

**Calibration Results**

Test Volume	Measured Volume		Systematic error		Random error		Uncertainty		Coverage factor (k)					
	μl	μl	μl	%	μl	%	μl	%						
10.00	10.1794	μl	0.1794	μl	0.1794	%	0.0419	μl	0.0411	%	±	0.050	μl	2.13
20.00	20.2325	μl	0.2325	μl	0.2325	%	0.0640	μl	0.0633	%	±	0.053	μl	2.13
100.00	100.0724	μl	0.0724	μl	0.0724	%	0.0503	μl	0.0502	%	±	0.18	μl	2.14

- The reported expanded uncertainty of measurement is based on a standard uncertainty of measurement multiply by a coverage factor k as listed, providing a confidence level of approximately 95 %.

**Test Specification**

Nominal Volume	Systematic error			Random error				
	μl	%	μl	μl	%	μl		
100.00	± 0.8	μl	0.8	%	≤ 0.3	μl	0.3	%

**Peripheral Equipment**

Manufacturer : Sartorius  
Tip type : Optifit Tip  
Tip size : 200 μl

**Comments**

This certificate is valid only to the item calibrated on date and place of calibration.

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# Calibration Certificate

Equipment : Piston pipette  
Manufacturer : Sartorius  
Model : Proline 20 - 200 µl  
Serial No. : 15601713  
ID.No. : CM-LAB-PIP-002  
Customer : Phu Phiang Hospital  
392 Moo 3  
T.Muang Tued A.Phu Phiang  
Nan  
55000, Thailand.  
Location : 4<sup>th</sup> Floor, Volumetric Laboratory Room.  
( Doctor Calibration Co., Ltd. )  
Date of Receive : March 28, 2024  
Date of Calibration : April 2, 2024  
Date of Issue : April 3, 2024  
Ambient Temperature : (20.5 ± 1.5)°C  
Relative Humidity : (60 ± 15) %  
Pressure : (1013 ± 5) mbar  
Calibration Procedure : CP-01 Based on ISO 8655-6, 2 : 2002  
Calibrated By : Mrs. Paramaporn Suwannakan  
Calibration Engineer

Approved By:



Dr. Puangjan  
Calibration  
( Miss Pawan Puangjan )  
Technical Manager



Certificate Number : DC\_01/24/2925

Booking Number : 14896

Page : 2 of 2

**Reference standard instrument**

- This certificate is traceable to The international system of units (SI units) via

	Instrument	Model	Serial No.	Cert.No.	Traceability	Due Date
1.	Electronic Balance	MCE225S 2S00 A	0039001967	23BNA0102	Sartorius	27 April 2024
2.	Thermometer	ASTM 56 C-86	0715181	L202306114-001	MIT	20 June 2024

**Adjustment**

Without Adjustment     Before Adjustment     After Adjustment

**Calibration Results**

Test Volume	Measured Volume	Systematic error			Random error			Uncertainty		Coverage factor (k)
		Value	Unit	%	Value	Unit	%	±	Unit	
50.00 $\mu$ l	50.0791 $\mu$ l	0.0791 $\mu$ l	0.0395 %	0.0271 $\mu$ l	0.0135 %	±	0.18 $\mu$ l	2.13		
75.00 $\mu$ l	75.1333 $\mu$ l	0.1333 $\mu$ l	0.0666 %	0.0429 $\mu$ l	0.0214 %	±	0.18 $\mu$ l	2.16		
200.00 $\mu$ l	200.4727 $\mu$ l	0.4727 $\mu$ l	0.2363 %	0.0456 $\mu$ l	0.0227 %	±	0.19 $\mu$ l	2.18		

- The reported expanded uncertainty of measurement is based on a standard uncertainty of measurement multiply by a coverage factor k as listed, providing a confidence level of approximately 95 %.

**Test Specification**

Nominal Volume	Systematic error	Random error
200.00 $\mu$ l	± 1.6 $\mu$ l 0.8 %	≤ 0.6 $\mu$ l 0.3 %

**Peripheral Equipment**

Manufacturer : Sartorius  
Tip type : Optifit Tip  
Tip size : 200  $\mu$ l

**Comments**

This certificate is valid only to the item calibrated on date and place of calibration.

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