
# Rental Equipment

# POLICY AND PROCEDURE MANUAL

*ValueMed Medical Services*
*P.O. Box 245 Blue Island, IL, 60406*
*Phone: (888)-998-VMED (8633)  Fax: (708)-385-8525  Email : valuemed.sales@gmail.com*

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# RENTAL EQUIPMENT POLICY AND PROCEDURE MANUAL

ValueMed Medical Services Rental Equipment Policy and Procedure Manual has been developed in conjunction with recommended manufacturer procedures, utilizing years of experience by our trained personnel.

In addition to general procedures applicable to all equipment, specific preventative maintenance procedures for items your facility rents are located in section (III).

For additional information, please contact one of our representatives at:

ValueMed
SALES, SERVICE, and REPAIR
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## Definition of Terms:

| | |
|---|---|
| **AAMI** | American Association for the Advancement of Medical Instrumentation |
| **JCAHO** | Joint Commission on Accreditation of Healthcare Organizations |
| **NFPA** | National Fire Protection Association |
| **DMMI** | Diversified Medical Management Inc. |

**Contaminated Equipment -** Equipment that has shown evidence of containing organic matter.

**Patient Ready** – Equipment that is ready for patient use, requiring no further maintenance, inspection or processing. Equipment maintenance, inspection or processing. Equipment has undergone disinfection, electrical and functional inspection prior to delivery.

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## A. Quality Assurance and Improvement Program Overview

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## B. BIOMEDICAL INSPECTION SYSTEM

1. Biomedical Inspection, Maintenance and Repair
2. Biomedical Safety Inspection Report
3. Documentation
4. Hazards and Recalls

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# A. Biomedical Safety Inspection Policy

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A. **Biomedical Safety Inspection Policy**

The ValueMed Biomedical Safety Program is just one of the many benefits you receive when you choose ValueMed Services and Technologies as your rental supplier. When your hospital obtains equipment through ValueMed, you can be assured that each piece of equipment will be delivered patient-ready to your facility. Our manufacturer trained technicians take special care to assure that all equipment is thoroughly processed and tested.

This program includes an electrical safety inspection as well as functional testing. The Electrical Safety Inspection was designed to comply with all established limits of electrical leakage currents and ground wire integrity. The Functional Test is performed in accordance with ValueMed policy and Procedures and was written to meet or exceed the functional procedures set forth by that of the manufacturer.

The methods and acceptance values of all tests have been established by American Association for the Advancement of Medical Instrumentation (AAMI), National Fire Protection Association (NFPA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and other voluntary standard setting organizations. Each test is performed with specialized testing equipment manufactures by BIO-TEK Instruments and Neurodyne –Dempsey, Inc... All test equipment involved is calibrated at least annually, ensuring accuracy and dependability.

The acceptance levels to which ValueMed owned equipment must comply are the following:

Ground resistance less than 150 milliohms measured between unit's chassis and unit's AC plug ground pin.

Chassis leakage current shall not exceed 100 micro amps measured between the unit's chassis/exposed conductive surfaces and ground.

All patient lead leakage tests, (Patient Lead to Ground, Patient Lead Isolation Test, Patient Lead to Patient Lead), Shall be less than 10 micro amps.

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## ELECTRICAL SAFETY TEST

The Electrical Safety Test provides documentation that each item has been inspected and meets manufacturer specifications. This form is provided with each unit upon delivery.

Functional testing assures each item meets or exceeds manufacturer specifications. These procedures have been developed over years of experience and specifically identify key parameters of importance.

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## B. BIOMEDICAL INSPECTION INTERVAL POLICY

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## B. BIOMEDICAL INSPECTION INTERVAL POLICY

The rental equipment provided by ValueMed is functionally and electrically inspected after each rental. Equipment that remains in a hospital for an extended length of time is inspected at intervals not to exceed 180 days, as designated by the ValueMed Inspection Interval Policy.

Each unit contains a label that indicates the most recent inspection date, as well as the next date of inspection. A second adhesive tag contains the current leakage and ground resistance data.

The inspection interval assigned to a specific piece of equipment is based upon manufacturer specifications as well as industry standards, equipment type, and performance expectations. The inspection intervals for a specific item can be found on the following pages of this section.

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# C. EQUIPMENT CLEANING POLICY

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## C. EQUIPMENT CLEANING POLICY

ValuMed follows strict disinfecting/cleaning procedures in conjunction with manufacturer specifications to assure all equipment is patient-ready upon delivery.

Equipment is disinfected according to manufacturer specifications for the item and for the disinfectant utilized. External surfaces are thoroughly wiped-down with Cavicide or similar cleaning/disinfecting agent. Following other processing procedure, the equipment is then bagged in plastic and placed in a clean storage area to prevent cross-contamination.

It is the responsibility of the hospital to clean contaminated equipment before returned to our facility.

In the event contaminated equipment is received in our facility, the following steps are initiated:

1. The unit is decontaminated immediately upon receipt.
2. Disposable items are disposed of according to the Center for Disease Control standards.
3. Technicians are instructed to see Universal Precautions procedures. Appropriate protective attire is provided.

Any immersible accessories are completely washed and soaked in Cidex (active ingredient: glutaraldehyde) according to manufacturer recommended procedures. Thereafter, these items are thoroughly rinsed, dried in a drying cabinet, and bagged.

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# D. PROCESSING AREA MAINTENANCE POLICY

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## D. PROCESSING AREA MAINTENANCE POLICY

1. Cleaning of Equipment Areas

    a. Counters – Spray and wipe with disinfectant cleaner as needed, not less than daily.
    b. Floors – Spills mopped immediately, otherwise mopped weekly. Waxed monthly.
    c. Trash Containers – Emptied as needed, not less than daily.
    d. Discarded Used Supplies, Supplies Used to Clean Equipment – bagged, tied, and disposed of immediately when done cleaning equipment each day.

2. Areas Other than Equipment

    a. Counters, Benches, and Tables – Cleaned as needed, not less than daily.
    b. Floors – Spills mopped immediately, otherwise mopped weekly. Waxed monthly.
    c. Trash Containers – Emptied as needed, not less than daily.

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# E. EQUIPMENT TRAFFIC FLOW POLICY

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## E. EQUIPMENT TRAFFIC FLOW POLICY

All returned rental items must be processed according to ValueMed policies. This includes disinfecting/cleaning, preventative maintenance/repair and testing/calibration and final verification procedures. In order to minimize the possibility of cross-contamination, our facility is subdivided into appropriate areas according to the function(s) performed.

### 1. Decontamination Area:

All rental equipment returning from the field shall be brought into the Decontamination Area for storage until it is moved to the Equipment Cleaning Area. This area can also be used to store equipment in need of repair. Equipment returning from the field does not enter a Clean Area while in route to the Decontamination Area.

### 2. Equipment Cleaning Area:

This area is exclusively for the cleaning, maintenance, and/or repair of equipment.

### 3. Clean Equipment Storage Area:

All items to be delivered are drawn ONLY from this area. All new equipment and supplies may be received directly into Clean Area.

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# F. PROCESSING PERSONNEL POLICY

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## F. PROCESSING PERSONNEL POLICY

All of ValueMed's staff is educated in safety measures and appropriate infection control procedures.

### SAFETY MEASURES INCLUDE:

1. Safe and appropriate use of equipment.
2. Proper storage, handling, delivery and access to equipment, supplies and medical gases.
3. Proper identification, handling and disposal of hazardous materials.

### INFECTION CONTROL INCLUDES:

1. Personal Hygiene
2. Transmitted infections
3. Equipment cleaning and disinfection

### PROCEDURES:

1. ValueMed's staff will be instructed in safety measures and infection control via in-service, new-employee orientation, and continuing education programs.

2. All staff education will be documented and a copy will be filed in their personnel file.

3. ValueMed's staff is instructed to properly contain, tag, segregate, and dispose of contaminated waste in accordance with proper procedures.

4. ValueMed maintains and enforces policies regarding equipment cleaning and disinfection.

5. All staff is instructed in the importance of Universal Precaution procedures as outlined on the following page of this section.

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## UNIVERSAL PRECAUTIONS

The following infection control procedures are specifically designed to avoid contracting or transmitting such diseases as HIV, AIDS, Hepatitis B, and other diseases found in blood or body fluids.

1. The use of appropriate barrier precautions, such as gloves, is required when contact with blood or other body fluids may be encountered. If the skin on your hands is not intact and in normal condition, it is mandatory that you wear gloves, regardless of whether blood or other fluids may be encountered.

2. Wear masks, goggles or face shields, and gowns or aprons in any situation that exposes you to the possibility of body fluids being splashed or generating a mist.

3. Whether or not gloves are worn, wash your hands thoroughly before handling clean equipment, before eating, after handling soiled or contaminated items, and after using the toilet. When in a company facility, use the detergent provided. While out in the field, use the cleaning supplies on the company vehicle.

4. Any potentially contaminated skin should be cleaned using the same procedures as for hands. When available, or as soon as available, wash in warm water for a minimum of thirty seconds, using adequate amounts of detergent, and rinse thoroughly. Use a clean paper towel to turn off the water, and dry completely, also with clean paper towels. Discard the towels in an appropriate container. Proper hand washing procedures offer the best available protection against infection.

5. If the eyes or mucous membranes are exposed to possible contamination with blood or other body fluids, clean the exposed area promptly with sterile saline or clean water rinses and seek medical attention as soon as possible.

6. To clean spills or splashes of body fluids, wear gloves, clean the affected area with paper towels or other disposable materials, and apply a spray a disinfectant according to the manufacturer's instructions, paying close attention to the required exposure time. Discard used cleaning materials in a plastic bag (including gloves), and tie shut. Wash hands.

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# G. EQUIPMENT TRANSPORTATION POLICY

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## G. EQUIPMENT TRANSPORTATION POLICY

1. In order to comply with the following procedures, all company vehicles used for equipment pick-up must contain the items listed below at all times.

    a. Box of disposable gloves.
    b. Plastic "returned equipment" waste bags and fasteners.
    c. Large plastic "returned equipment" tarp.
    d. Box of individual antiseptic towlettes, or aerosolized alcohol, or similar type hand cleaner.
    e. Foamed Alcohol Hand wash (active ingredient: ethyl alcohol) and paper towels.
    f. Disinfectant spry cleaner (Cavicide or similar disinfectant. Cavicide active ingredient: disobutylphenoxyethoxyethyl dimethyl benzyl and ammonium chloride.
    g. Goggles, face shield, or mask.
    h. Disposable paper aprons or gowns.
    i. First Aid Kit.

2. If not already done, any disposable items are discarded at the hospital prior to loading. Disposal is done in conjunction with the hospital's established procedures.

3. Examine the equipment for gross particulate matter, blood, or other bodily fluids – if present, follow Universal Precautions policy. Bag and label the item as contaminated and then proceed to place the equipment on the vehicle. Special precautions are taken to prevent contact between clean equipment (if present) and contaminated equipment by physical separation.

4. Equipment absent of particulate matter is placed on the vehicle. Special precautions are taken to prevent contact between clean equipment (if present) and returned equipment by physical separation.

5. Upon return to our facility items are places in the decontamination area awaiting further processing.

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# III. EQUIPMENT TEST PROCEDURES

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## III. EQUIPMENT TEST PROCEDURES

ValueMed is fully committed to provide quality products and services to you and your facility. These items are available on a short term or long term basis 24 hours per day, seven days per week. You can feel confident these items have been fully inspected and are guaranteed to be reliable and patient-ready upon receipt to your facility.

Provided in this section is processing and preventative maintenance procedures for equipment your facility is currently renting. These procedures have been developed over years of experience and designed to meet or exceed manufacturer specifications and industry standards. The policies and procedures provided are proprietary in nature. ValueMed does not warrant these procedures nor suggest they be utilized by your institution.

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# NEW EQUIPMENT PROCESSING PROCEDURE

**1:1 - This processing procedure is to be followed for any NEW EQUIPMENT acquired by ValueMed. The following indicates each departments individual processing duties.**

**1:1.1** SERVICE

1. Order Operation Manual
2. Order Service Manual
3. Write P.M. Procedure
4. Write P.M. Report Sheet
5. Write Rental Check-Out Sheet
6. Organize In-Service Demonstration of Unit to ALL Employees

1:1.2 MARKETING

1. Terms and Pricing
2. Promotional Material

1:1.3 ACCOUNTING

1. Catalog Unit Serial Numbers
2. Assign Unit ValueMed Serial Numbers
3. Build Files for New Equipment
4. Program Computer System with Rental Terms and Pricing

**2:1 - The following processing procedure is to be performed on each individual piece of NEW EQUIPMENT. –**

2:1.1 INDIVIDUAL EQUIPMENT PROCESSING

**EQUIPMENT**

1. Unpack and Check Unit for Damage
2. Assemble and/or Install Components/Accessories
3. Perform P.M. Procedure
4. Perform ValueMed Biomedical Inspection
5. Attach ValueMed Serial Number Label
6. Attach ValueMed Information Labels
7. Perform ValueMed Cleaning Procedure
8. Follow ValueMed Clean Equipment Processing Procedure

**EQUIPMENT ACCESSORIES**

1. Check Accessory Function
2. Attach ValueMed Information Labels to All Accessories
3. Check ALL Unit Accessories for Damage
4. Perform ValueMed Cleaning Procedure
5. Follow ValueMed Clean Equipment Processing Procedure

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# IV. Equipment Labels

**A.** Inspection Label Program

**B.** Identification Tags

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# A. INSPECTION LABEL PROGRAM

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A. INSPECTION LABEL PROGRAM

The equipment Inspection Label Identifies the date of the next preventive maintenance interval for the item on which the label is attached.

Rental equipment provided by ValueMed is functionally and electrically inspected prior to delivery. The inspection interval assigned to a specific item is based upon manufacturer specifications as well as industry standards, equipment type and performance expectations.

Each label provides the following information:

PREVENTIVE MAINTENANCE LABEL

1. Date next inspection is due.
2. Signature initials of technician who performed the test.

SAFETY CHECK LABEL

1. Date of inspection
2. Mechanical – mechanical function
3. Electrical – electrical integrity
4. Leakage – current leakage
5. By – initials of technician who performed the test
6. Date Next Check – date next check is due

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## B. IDENTIFICATION TAGS

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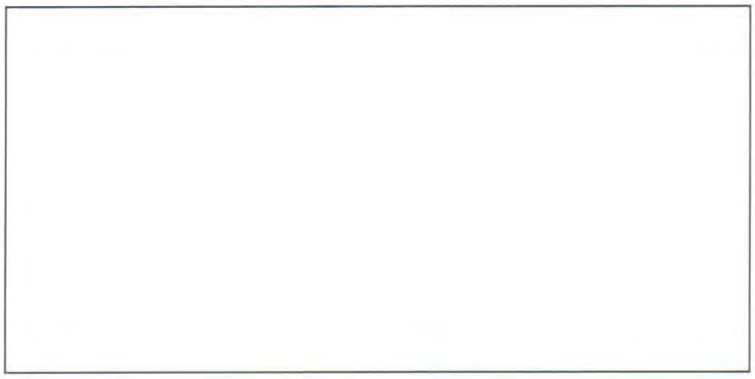
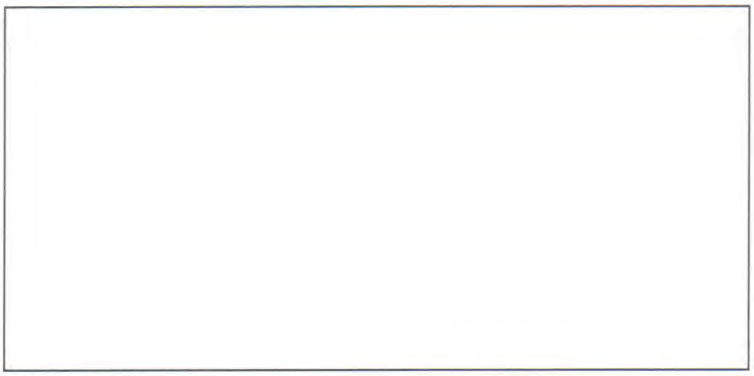
## B. IDENTIFICATION TAGS

The Identification Tag is used to identify ValueMed rental equipment. The letters signify a particular product group. The numbers identify that individual unit in our inventory. ValueMed rental equipment and accessories may also bear an information label. This label carries the ValueMed name and logo as well as important phone and fax numbers.

Identification tags are used to monitor equipment maintenance procedures, repair history and serve as a means to easily identify ValueMed rental equipment when in your institution/facility.





**VAPOTHERM** Date: _____

Numbers = _____ R.C.A.: _____

**VENTILATORS**

Serial Number = _____ A. _____ = hours at cleaning
B. _____ = hours overhaul due

_____ 1. Cleaned all knobs on ventilator, blender, low pressure alarm.
_____ 2. Removed adhesive and ink off all surfaces of ventilator and cart shelves.
_____ 3. Cleaned surface of ventilator, blender, F&P heater, Star heater, analyzer, cart shelves and supports, including under Servo 900's and inside F&P heater ring.
_____ 4. Wipe down hoses and electrical cords.
_____ 5. Wipe / brush rails and support arm - all handles present and functional.
_____ 6. Check & tighten loose brackets and screws.
_____ 7. Check safety dates on ventilator, and both heaters that they are < 1 yr. old.
_____ 8. Check hours on back of ventilator: If A > B, inform Matt that overhaul is due.

Serial Number = _____ A. _____ = hours at cleaning
B. _____ = hours overhaul due

_____ 1. Cleaned all knobs on ventilator, blender, low pressure alarm.
_____ 2. Removed adhesive and ink off all surfaces of ventilator and cart shelves
_____ 3. Cleaned surface of ventilator, blender, F&P heater, Star heater, analyzer, cart shelves and supports, including under Servo 900's and inside F&P heater ring.
_____ 4. Wipe down hoses and electrical cords.
_____ 5. Wipe / brush rails and support arm - all handles present and functional.
_____ 6. Check & tighten loose brackets and screws.
_____ 7. Check safety dates on ventilator, and both heaters that they are < 1 yr. old.
_____ 8. Check hours on back of ventilator: If A > B, inform Matt that overhaul is due.

**BIPAPS** Serial Number = _____

_____ 1. Cleaned all knobs on Bipap and low pressure alarm.
_____ 2. Wipe down all surfaces of Bipap, low pressure alarm, analyzer.
_____ 3. Wipe down all electrical cords and hoses.
_____ 4. Check filter. If dirty, inform Matt to replace.
_____ 5. Check safety dates on Bipap that it is < 1 yr. old.

**HEATER - I.V. POLE S** #: _____ **Other Projects**:_____

_____ 1. Wipe down all surfaces of F&P heater and I.V. pole.
_____ 2. Wipe down all electrical cords and hoses.
_____ 3. Check safety dates on F&P heater that it is < 1 yr. old.
_____ 4. Tighten brackets & screws.

_____
_____
_____
_____
_____

Place this sheet in Matt's mailbox when done.

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## SUCTION REGULATORS

( ) PURITAN-BENNETT
( ) CHEMETRON
( ) OHIO
( ) OXEQUIP
( ) TIMETER

Date: _____

Model: _____

Technician: _____

Unit Serial #: _____

Approved By: _____

### TESTING AND CALIBRATION

1. Check Gauge: @ ZERO _____
   @ 60 –mm Hg _____
   @ 120 –mm Hg _____
   @ 180 –mm Hg _____
2. Check OFF/No Flow _____
3. Check Switch/Full Line _____
4. Relief Pressure, -mm Hg _____
5. Inlet Adapter, Type _____
6. Outlet Adapter, Type _____

### INTERMITTENT TIMING MODE

Time, Cycle/ON _____
Time, Cycle/OFF _____

### CYCLE LIMITS

Chemetron: ON = 15 sec.
OFF = 8 sec.

Ohio: ON = 15 sec.
OFF = 8 sec.

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## SCD SEQUEL / RESPONSE

Date: _____ **OVP** **PM**

Unit Control #: _____ Technician: _____

Model: _____

### OPERATIONAL VERIFICATION PROCEDURE

1. Visual Inspection _____
2. Check P.M. Sticker _____
3. Check Front Panel Display _____
4. System Start-Up _____
5. All LEDs Illuminate _____
6. Alarm Sounds _____
7. LEDs Illuminate "88" _____
8. Cooling LED Illuminates _____
9. Cycle Monitor LEDs Illuminate _____
10. Set Pressure Displayed, 45mm Hg _____
11. Normal Cycle Begins _____
12. Automatic Refill Operation _____
13. Power Cord Condition _____

| Calibrated Test Equipment | Manufacturer | Model | Serial Number | Calibration Due |
|---|---|---|---|---|
| Electrical Safety Analyzer | | | | |
| | | | | |
| | | | | |

## ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | < 0.2 OHM | | |
| | | Current ON | Current OFF |
| Normal Leakage | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

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## SUCTION PUMPS

Date: _____

Model: _____ Technician: _____

Unit Control #: _____ Approved By: _____

### ACCESSORIES

Collection Bottle Assembly _____
Disposable Suction Tubing _____

### TESTING AND CALIBRATION

1. Check PM Sticker _____
2. Gauge – Zero _____
3. Check Needle Valve Assembly _____
4. Check/Clean Bottle Assembly _____
5. Replace Suction Tubing _____
6. Check Oil Levels _____
7. Check/Change Filters _____
8. Check Vacuum, 20-25 in. Hg _____
9. Power Cord, Condition _____

### THERMOTIC PUMPS, ONLY

1. Cycle Light
2. Cycle ON, 2-4 sec. _____
3. Cycle OFF, 19-22 sec. _____
4. High Range, 90-99 mm Hg _____
5. Low Range, 120-132 mm Hg _____

### ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | 150 milliohms | | |
| **Case Leakage** | | **Current ON** | **Current OFF** |
| Normal Leakage | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

# ValueMed

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***YOUR MEDICAL HARDWARE STORE***

## NOVAMETRIC CAPNOGARD MODEL 1265 CHECKOUT

Date: _____ Serial #: _____

Control #: _____ Tech: _____

$CO_2$ Sensor Serial #: _____

| | PASS | FAIL |
|---|---|---|
| SENSOR CALIBRATION | _____ | _____ |
| CALIBRATION VERIFICAION | _____ | _____ |

### ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | 150 MILLIOHMS | | |
| Case Leakage | | Current ON | Current OFF |
| Normal Leakage | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

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## V60 PERFORMANCE VERIFICATION

Date: _____ Technician: _____

Control #: _____ Serial #: _____ Hours: _____

## ACCESSORIES

Stand: _____ High Pressure Hose: _____

Support Arm & Bracket: _____ Oxygen Adapters: _____

## TESTING AND CALIBRATION

1. PM STICKER: _____
2. COOLING FAN FILTER: _____
3. POWER CORD CONDITION: _____
4. AIR INLET FILTER: _____
5. VERIFY TEST LUNG OPERATION: _____
6. VERIFY PROXIMAL LINE DISCONNECT: _____
7. VERIFY $O_2$% 35-45%: _____
8. VERIFY BACKUP BATTERY OPERATION: _____
9. ALARM TEST OPERATION: _____

## ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | 150 MILLIOHMS | | |
| Case Leakage | | Current ON | Current OFF |
| Normal Leakage | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

## PATIENT READY

**Though equipment has undergone disinfection, electrical and functional inspection per Manufacturer specifications prior to delivery, it is recommended that electrical and functional checks be performed per department protocol prior to patient use.**

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***YOUR MEDICAL HARDWARE STORE***

## Heaters/Humidifiers

Date: _____

Model: _____ Technician: _____

Unit Control #: _____ Approved By: _____

Accessories:

( ) Castered Stand _____

( ) Concha I/III Bracket _____

( ) Temperature Probe, Adult _____

Infant _____

## TESTING AND CALIBRATION

1. Check P.M. Sticker _____
2. Unit ON, Light Sequence - All Lights _____
3. ON w/NO Jar Assembly – Inoperative Lights _____
4. ON w/Jar Assembly and Low Water – Add Water Lights _____
5. ON w/Water Full, @ 1 Wait/Normal Lights _____
   @ 3 Wait/Normal Lights _____
   @ 5 Wait/Normal Lights _____
   @ 7 Wait/Normal Lights _____
   @ 9 Wait/Normal Lights _____
6. Power Cord – Condition _____

## ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | < 0.1 OHM | | |
| Case Leakage | | Current ON | Current OFF |
| Normal Leakage | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

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## ELECTRICAL SAFETY TEST

DATE: _____

MODEL: _____ SERIAL/CONTROL #: _____

TECHNICIAN: _____

THIS UNIT WAS INSPECTED FOR ELECTRICAL AND MECHANICAL SAFETY AND WAS FOUND TO BE IN PROPER OPERATIONAL ORDER. **PASS** ☐

TEST LOCATION: _____

## ELECTRICAL SAFETY TEST

| System Under Test | Limits | Tested | |
|---|---|---|---|
| Ground Resistance | 500 milliohms | | |
| Case Leakage | | Current ON | Current OFF |
| Normal | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

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***YOUR MEDICAL HARDWARE STORE***

## COUGH*ASSIST* PERFORMANCE VERIFICATION

Date: _____ Technician: _____

Control #: _____ Serial #: _____

## ACCESSORIES

Stand: _____

## TESTING AND CALIBRATION

1. PM STICKER: _____
2. POWER CORD CONDITION: _____
3. EXHALATION PORT TEST: _____
4. PRESSURE GAUGE CHECK : _____
5. MONITORING SCREEN & KEYS/KNOBS: _____
6. INHALATION/EXHALATION PAUSE TIMES: _____
7. INHALATION FLOW : _____
8. EXHALATION FLOW CAPACITY: _____
9. PRESSURE CHECK: _____

## ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | 150 MILLIOHMS | | |
| Case Leakage | | Current ON | Current OFF |
| Normal Leakage | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

## PATIENT READY

**Though equipment has undergone disinfection, electrical and functional inspection per Manufacturer specifications prior to delivery, it is recommended that electrical and functional checks be performed per department protocol prior to patient use.**

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## COMPRESSORS

Date: _____ Technician: _____

Control #: _____ Serial #: _____

Hours: _____ Approved By: _____

**ACCESSORIES:**

Flowmeter, 0-15 LPM _____
High Pressure Hose _____

### TESTING AND CALIBRATION

1. Check PM Hours _____
2. Check/Clean Inlet Filter _____
3. Gauge, Unit OFF - @ ZERO _____
4. DISS Oxygen Outlet w/ Check Valve _____
5. Gauge, Unit ON – IN Green Zone _____
6. Pressure, 2000 – 56 LPM @ 50 PSI _____
7. Pressure, 3500 – 42 LPM @ 50 PSI _____
8. Battery, 2000 ONLY _____
9. Low Pressure Alarm _____
10. Power Cord Condition _____

### ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | 150 MILLIOHMS | | |
| **Case Leakage** | | **Current ON** | **Current OFF** |
| Normal Leakage | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

### PATIENT READY

**Though equipment has undergone disinfection, electrical and functional inspection per Manufacturer specifications prior to delivery, it is recommended that electrical and functional checks be performed per department protocol prior to patient use.**

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## AIR/OXYGEN BLENDER

**Overhaul _____ PM _____**

Date: _____ Serial Number: _____

Facility: _____ Model: _____

Address: _____ Technician: _____

| System Under Test | Limits | Tested | Units |
|---|---|---|---|
| Oxygen Percentage @21 | 21-24 | | % |
| @30 | 27-33 | | % |
| @40 | 37-43 | | % |
| @50 | 47-53 | | % |
| @60 | 57-63 | | % |
| @70 | 67-73 | | % |
| @80 | 77-83 | | % |
| @90 | 87-93 | | % |
| @100 | 97-100 | | % |
| Alarm, Pneumatic | O2/Air | | Sounds |
| Check Valve Leak | None | | LPM |
| Auxiliary | On/Off | | Functional |

Blender Disassembled, cleaned and checked for internal damage.
Unit rebuilt and calibrated per manufacturer's specifications.
Performed operational check, unit meets the manufacturer's standards for patient use.

**ValueMed Medical Services**
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***YOUR MEDICAL HARDWARE STORE***

# 7200 AE VENTILATOR

Date: _____

Unit Control #: _____ Technician: _____

Hours: _____ Serial #: _____

Accessories:

| | |
|---|---|
| Support Arm | _____ |
| Oxygen Hose | _____ |
| Water Collection Bottle | _____ |
| Heater: Concha 11/111 | _____ |
| FisherPaykal | _____ |
| Mainflow Bacteria Filters | _____ |
| Flex Tube and Connector | _____ |

## TESTING AND CALIBRATION

1. Check P.M. Hours _____
2. Check Keyboard Assy. _____
3. Air/Oxygen Trap Assys. _____
4. Check/Clean Electronic Compartment Filter _____
5. Check/Clean Compressor Filter _____
6. Run Total EST _____
7. Lamp Test _____
8. Nebulizer Function _____
9. Power Cord Condition _____

## ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | 150 milliohms | | |
| Case Leakage | | Current ON | Current OFF |
| Normal | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

**Patient Ready**

Though equipment has undergone disinfection, electrical, and functional inspection per manufacturer specifications prior to delivery, it is recommended that electrical and functional checks be performed per department protocol prior to patient use.

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*YOUR MEDICAL HARDWARE STORE*


## Puritan Bennett 840

Date: _____ **OVP** **PM**

Unit Control #: _____ Technician: _____

Hours: _____ Serial #: _____

## Testing and Calibration

1. Circuit Pressure Test _____
2. Flow Sensor Cross Check Test _____
3. Gas Supply/Safety Valve Test _____
4. SM Leak Test _____
5. GUI Keyboard Test _____
6. GUI Knob Test _____
7. GUI Lamp Test _____
8. BDU Lamp Test _____
9. GUI Audio Test _____
10. GUI Nurse Call Test -optional _____
11. BDU Audio Test _____
12. PSOL Loopback Test _____
13. Safety System Test _____
14. Exp Valve Loopback Test _____
15. Exp Valve Test _____
16. EV Velocity Transducer Test _____
17. Exp Heater Test _____
18. Compressor Test _____
19. Compressor Leak Test _____
20. Compressor Load Test _____
21. Analog Data Display _____
22. GUI Touch Test _____
23. GUI Serial Port Test _____
24. Battery Test _____

## ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | < 0.1 ohms | | |
| **Case Leakage** | | **Current ON** | **Current OFF** |
| Normal Leakage | ≤ 300 micro amps | | |
| Normal/Lift Ground | ≤ 300 micro amps | | |
| Reverse Polarity | ≤ 300 micro amps | | |
| Reverse Polarity/Lift Ground | ≤ 300 micro amps | | |

## PATIENT READY

**Though equipment has undergone disinfection, electrical and functional inspection per Manufacturer specifications prior to delivery, it is recommended that electrical and functional checks be performed per department protocol prior to patient use.**

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*YOUR MEDICAL HARDWARE STORE*

## BIPAP VISION PERFORMANCE VERIFICATION

Date: _____ Technician: _____

Control #: _____ Hours: _____ Serial #: _____

## ACCESSORIES

Stand: _____ High Pressure Hose: _____

Support Arm & Bracket: _____ Oxygen Adapters: _____

## TESTING AND CALIBRATION

1. PM STICKER: _____
2. FILTER: _____
3. POWER CORD CONDITION: _____
4. EXHALATION PORT TEST: _____
5. VENTILATION INOPERATIVE ALARM: _____
6. MONITORING SCREEN & KEYS: _____
7. SPONTANEOUS BREATH: _____
8. HIGH PRESSURE ALARM: _____
9. LOW PRESSURE ALARM: _____
10. APNEA ALARM: _____

## ELECTRICAL SAFETY TEST

| System Under Test | Limits | Test Point: | |
|---|---|---|---|
| Ground Resistance | 150 MILLIOHMS | | |
| Case Leakage | | Current ON | Current OFF |
| Normal Leakage | 100 micro amps | | |
| Normal/Lift Ground | 100 micro amps | | |
| Reverse Polarity | 100 micro amps | | |
| Reverse Polarity/Lift Ground | 100 micro amps | | |

## PATIENT READY

**Though equipment has undergone disinfection, electrical and functional inspection per Manufacturer specifications prior to delivery, it is recommended that electrical and functional checks be performed per department protocol prior to patient use.**