

o, STATION ROAD, CROSS HILLS, KEIGHLEY, WEST YORKSHIRE, BD20 7DT

Telephone Cross Hills (0535) 34542 Telex 557061 (Linkup G)

Your ref: SEV/00/05/05/ Our ref: TCOT/2409

8th February '88

Dear Mr Judge.

Please find enclosed the MLQ2 form as requested by G.Arnold.

Yours sincerely

Stephen Nixon.

With Compliments

Please return this form when completed to:

Gordon Judge Room 616 DHSS Supplies Technology Division 14 Russell Square LONDON WC1B 5EP

# PRODUCT: VIAMED THERMACOT TC400MK1

I have arranged for a sample of the above equipment to be supplied by us to the Electromedical Laboratory, BSI Test House, Hemel Hempstead, for assessment of its compliance with BS 5724 Part 1.

The date arranged is

15th Mar

I understand that the work will be charged to DHSS Scientific & Technical Branch and that we shall receive a copy of the BSI Report in due course.

Signed.

Date 7th March 88

	For Health Authority use.
	<b>`</b> .
1	
ease enter YES, NO or N	
ease enter YES, NO or N	N/A (Not Applicable) in each box except where otherwise indicate
• •	VA (Not Applicable) in each box except where otherwise indicate  VIRNED  INFANT RADIANT CHRISE
Supplier	N/A (Not Applicable) in each box except where otherwise indicate
Supplier Product type	VA (Not Applicable) in each box except where otherwise indicate  VIRNED  INFANT RADIANT CHRNER
Supplier Product type Model No.	VA (Not Applicable) in each box except where otherwise indicate  VIAMED  INFANT RADIANT CHARKER  THERMACOT TO 400 MKI
Supplier Product type Model No. Manufacturer	VA (Not Applicable) in each box except where otherwise indicate  VIRMED  INFANT RADIANT CHARKER  THERMACOT TO 400 MKI  APPLEYARD AND SONS
Supplier Product type Model No. Manufacturer	VA (Not Applicable) in each box except where otherwise indicate  VIANED  INFANT RADIANT CHARMER  THERMACOT TC 400 MKI  APPLEYARD AND SONS  BRITTIN
Supplier Product type Model No. Manufacturer Country of Origin	VA (Not Applicable) in each box except where otherwise indicate  VIAMED  INFANT RADIANT CHARKER  THERMACOT TO 400 MKI  APPLEYMED AND SONS  BRITTIN
Supplier Product type Model No. Manufacturer Country of Origin dicate whether the equiphthalmic, hospital labora	VIA (Not Applicable) in each box except where otherwise indicate  VIANED  INFANT RADIANT CHARKER  THERMACOT TC 400 MKI  APPLEYARD AND SONS  BRITTEIN  Diment is medical, dental, atory, dental laboratory or
Supplier Product type Model No. Manufacturer Country of Origin	WA (Not Applicable) in each box except where otherwise indicate  VIANED  INFANT RADIANT CORRER  THERMACOT TO 400 MKT  APPLEYARD AND SONS  BRITTEIN  Oment is medical, dental, atory, dental laboratory or

Form MLQ2 Page 1

If yes, give the registration number

EQ	UIPM	IENT STANDARDS			
Me	dical	and Dental Equipment			
2	(a)	Does the equipment compi	•	YES	
	(b)	If the answer to 2(a) is 'NC points of variance is attach	' indicate in the box thed.	hat a list of	N/A
	(C)	Has the relevant section of so put the Part 2 number in	BS 5724 Part 2 been point the box.	published? If	No
	(d)	Does the equipment compl	ly with the Part 2 spec	eified in 2(c)?	NIA
	(e)	If the answer to 2(d) is 'NC points of variance is attach	μ/ <del>u</del>		
Ho	spital	and Dental Laboratory Equi	pment	•	
3	(a)	Does the equipment compl Hospital Laboratory Equipment	ly with the Electrical S ment (ESCHLE)?	afety Code for	N/A
(b) If the answer to 3(a) is 'NO' indicate points of variance is attached.			' indicate in the box thed.	hat a list of	N/A
All	Equi	pment			
4	(a)				
		(i)	NIA		
		(ii)	NIA.		
	(b)	(b) List below the Standards indicated by the Health Authority in MLQ1, if different from those listed in 4(a), and indicate in the boxes whether or not the equipment complies.			
		(i)	HIA		
		(ii)		(1)	NIA
	(c)	If any answer in 4(a) or 4(b list of points of variance is	) is 'NO' indicate in th attached.	e box that a	N/A
Please provide information on equipment type-testing carried out for any Standards referred to in 2(a), 2(c), 3(a), 4(a) or 4(b).					
		Tested by	Standard	Passed Yes/No	Date
		the state of the s			
D # 1	TINIO:	C MEDWINGS FIND DOGUM			
<b>RA</b> 6		S, MARKINGS AND DOCUM		in the IIV	
	(a)	Is the equipment correctly supply mains?	rated for connection t	o me uk	YES
	(b)	Are all written equipment markings, labels and documentation in English?			
	• •	in English?	markings, labels and C	documentation	Yes
RA		in English? FREQUENCY INTERFERENCE	CE		
		_	Ex with the requiremen	incontractor in a	

Form MLQ2 Page 2

	EWI/	NG, DISINFECTION AND STERILIZATION	
8	(a)	Are there parts of the equipment which by their nature and function must be cleaned and disinfected or sterilized before use?	No
	(b)	If the answer to 8(a) is 'YES' please specify the methods of cleaning and sterilization. See Guidance Notes.	
		Attach a separate sheet if more room is needed	
MA	INTE	NANCE	
9	(a)	Is a clear and legible maintenance manual available (including, for example, circuit diagrams and descriptions, component lists, and fault finding procedures)?	YES
	(b)	If 'YES' state the cost, if any, of	
		(i) the first copy	£ FOC
		(ii) additional copies	£ FOC
		(ii) additional copies	
10	(a)	Indicate in the box that a list of the recommended preventive maintenance tasks, if any, and intervals is attached.	Yes.
	(b)	Are you able to provide on a contractual basis:	· · · · · · · · · · · · · · · · · · ·
		(i) the preventive maintenance specified at (a)?	Y€S
		(ii) repair?	YES
	(c)	Indicate in the box that details (including contract conditions) and current annual cost of such a contract are attached.	YES
	(d)	Indicate in the box that details of non-contract maintenance and repair services are attached.	YES
11		Are you able to offer a course of maintenance instruction, if appropriate, on the equipment to enable local Health Authority maintenance staff to:	
		(i) provide "first-line" maintenance?	Yes
		(ii) provide a complete maintenance service?	Yes
12	(a)	Are qualified staff normally available by phone to deal with problems which occur?	Yes
	(b)	If 'YES', give the appropriate telephone number.	35-3454

Form MLQ2 Page 3

### ACCESSORIES, SPARES, REPLACEMENT PARTS AND CONSUMABLES 13 Are there accessories or consumables supplied as sterile for No single use? Is the manufacturer of these products registered with the DHSS as complying with the Guide to Good Manufacturing Practice for Sterile Medical Devices and Surgical Products, 1981? N/A N/A. If 'YES', give the registration number. Is a list of accessories, recommended spares, replacement parts and consumables available, with prices? Are there lists of recommended spare parts in the 40 maintenance manual? 15 For what period after delivery of the equipment do you undertake to maintain a supply of specialised spare parts? years Will all spares and replacement parts, together with the requisite information, be made readily available for use and fitting by the purchaser 16 WARRANTY Please attach copies of the warranty for the equipment, showing all relevant terms and conditions. 17

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DECLARATION		sa di kacamatan di kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan k	
Before signing, see Imp	portant Notes in the Guid	dance Notes: Form MLQ	3.
I am authorised to sign to the best of my know	this declaration. I have a ledge and belief the info	made all reasonable encormation given herein is o	quiries and correct.
Signature	Stand	(Not	a photo-copy)
Name (please print)	J.S. LAMB		
Position in Company	MANAGING	DIRECTOR	· · · · · · · · · · · · · · · · · · ·
Date	74 FEBRUA	iry '88	

Form MLQ2 Page 4

Printed in the UK for HMSO Dd 8971749 46M 7/86 TP



14 Russell Square, London, WC1B 5EP Telex 883669 DHSSHO G Fax 01-637 8990 Telephone 01-636 6811 Ext. 3040

Mr A Butvenick Electromedical Laboratory BSI Test House Maylands Avenue HEMEL HEMPSTEAD HP2 4SQ

Your reference:

Our reference:

TIP/25/0406

Date:

29/2/88

Dear Mr Butvenick

I have arranged for the following supplier to contact you to arrange submission of equipment to your Laboratory for assessment of its compliance with the indicated Parts of BS 5724, as part of the DHSS programme of comparative evaluation of medical equipment:

<u> </u>	   EQUIPMENT CATE 	GORY: INFANT RADIAN	IT WARMER
	CONTACT	EQUIPMENT	BS5724 PARTS
NYMED	IMP John Lamb	THERMACOT TO 400 MKL	Port 1 orly

Would you please make the neccessary arrangements with the to place his equipment as early as possible, and in due course let me have monthly reports of progress, especially noting any hold-ups. It would help if you could advise the supplier when he first contacts you of any extra parts you may need, as far as this is possible. I have advised him that you will inform him should equipment breakdown prevent your tests from being completed, and that only repairs (not modifications) will be permitted, and that you may impose a deadline for their completion.

On completion of your work on this model, would you please send me three copies of your Report and return the equipment direct to the supplier. I shall then send him one copy of your Report.

I have agreed that this work may be charged to the Department's

account.

Yours sincerely,

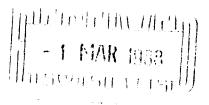
Goldan Judge.

Gordon Judge SUPPLIES TECHNOLOGY DIVISION

# copy to Evaluation Centre # copy to Supplier

**PDLAEI** 





14 Russell Square, London, WC1B 5EP Telex 883669 DHSSHQ G Fax 01-637 8990 Telephone 01-636 6811 Ext.3040

MIJ.S.Lamb, Viamod 15 Station Road Cross Hills KEIGHLEY W. Yorks: BD2070T

Your reference:

Our reference: T1P/25/02/06 Date: 29/2/88

Dear Mr. Lamb,

PRODUCT: VIAMED THERMACOT TC400MK1

I am writing to record the arrangements agreed during your talk on the phone last week, with Simon Bishop.

You will be arranging with BSI Test House (Mr Alan Butvenick, telephone Hemel Hempstead [0442] 230442) for them to assess the above equipment for compliance with BS 5724 Part 1 at your earliest mutual convenience. (BSI will require certain additional data and samples: these are detailed on the attached sheet).

I enclose a copy of my letter to BSI authorising the work to be charged to DHSS, and indicating that a copy of their eventual Report will be sent to you. BSI will inform you should equipment breakdown prevent their tests from being completed, but please note that only repairs (not modifications) will then be permitted, and that in order to keep to our schedule a deadline for their completion may be imposed.

I would be grateful if you would complete and return the enclosed reply slip, so that I shall know when the work is due to be done.

Thanking you for your co-operation.

Yours sincerely,

Gordan Judge.

Gordon Judge
SUPPLIES TECHNOLOGY DIVISION

# enc: 1 - reply slip > 2 - BSI info > 3 - copy of BSI letter > # copy to evaluation centre

PS: An order, for a TC400 for one evaluation cause at Cardiff, will fellow shally.

G.J.

**PDLAAM** 

#### ASSESSMENT OF COMPLIANCE WITH BS 5724: ADDITIONAL DATA AND SAMPLES REQUIRED BY BSI

- 1. Please note that BSI ask for the following data and samples to be supplied at the same time as the equipment is submitted (these will not be returned):
  - # Operator Manual
  - # Service Manual
  - # Circuit Diagram(s)
  - # Components List
  - # Mains Transformer one sample\*
  - # Mains Switch one sample
  - # Non-approved Thermostats
  - [\* with engineering drawings of these components, if available]
- 2. BSI also offer the following general notes:

### Submissions to BS 5724

- 1. The Operator Manual is treated as part of the equipment unless otherwise directed.
- 2. All components operating at mains potential, as defined by Clause 56.1, must comply with the relevant IEC or British Standard. Evidence of compliance must be supplied at the time of submission, or alternatively components may be separately submitted for approval to the Head of the Electrical Section of the Test House. Mains transformers are excluded from this requirement. However, one sample must be supplied for test together with the equipment.



14 Russell Square, London, WC1B 5EP Telex 883669 DHSSHQ G Fax 01-637 8990 Telephone 01-636 6811 Ext. 3023

Mr J Lamb Viamed Lad 15 Station Road Cross Hitts Kithley West Josephine BD 20 72T

Your reference:

Our reference: Rm 422

Date: 12 Feb 90

Dear Hr Lamb,

PRODUCT: Viamed Thesmared TC400 Hkl Infont Radiant- Wasmel

You have already received the technical findings from our evaluation of the above equipment, which was done in collaboration with BSI Test House.

I now enclose a draft copy of the full evaluation report, which includes comments from users, and invite your written comments for publication with the report in the next special Comparative Evaluation issue of 'Health Equipment Information' (HEI) covering this type of equipment.

5000 copies are distributed, mainly within NHS, publication is planned for

In addition to your comments on the report, would you please complete the enclosed Form A, so that we may correctly describe the equipment, its price, and the guarantee and servicing arrangements.

We are trying to monitor the timing of HEI publication in relation to the market life of the products on which it reports. In this respect it would be most helpful if you would also complete as much as you feel able of Form B: this information, unlike that on Form A, will be treated in strict commercial confidence.

In order to keep to the publication schedules, I must ask that your written comments on the report reach me no later than 16 Mai 90 However, if you would like to discuss the report in detail before finalising your response, would you please contact me, preferably within the next week, to arrange a convenient date?

Yours sincerely,

P. D. Oddy

SUPPLIES TECHNOLOGY DIVISION

# enc: Report /Form A/ Form B

**PDLABK** 



14 Russell Square, London, WC1B 5EP Telex 883669 DHSSHQ G Fax 01-637 8990 Telephone 01-636 6811 Ext. **3069** 

The Committee of the

Mr John Lamb, Viamed, 15 Station Road, Cross Hills, Keighley W. Yorkshire

Your reference:

Our reference:

Date: 27 / 9/88

Dear Mr Lamb,

PRODUCT: INFANT RADIANT WARMER - Therma cot TC 400 HKI.

I enclose a copy of the BSI Report on the above equipment, which you kindly agreed to lend to BSI for the purpose of assessing its compliance with BS 5724. (BSI will be arranging with your company the equipment's return, if they have not already done so).

As you can see there are a number of points were the equipment did not comply with BS 5724. These should be declared on all MLQ forms until these points have been corrected in production.

As you know, the Report will form part of our evaluation of this model. The full evaluation report, including comments from hospital trials, will ultimately be published in the form of a comparative evaluation with other models in a special issue of 'Health Equipment Information'. Around 5000 copies of these Evaluation Issues are distributed, primarily within the NHS: they are also reviewed by a number of journals.

I am sending you the BSI Report now, in case there are any implications for production or field service changes. I shall send you later a copy of the draft <u>full</u> evaluation report, suggesting that we then meet to discuss it and inviting your written comments for publication.

In the meantime, if you have any queries about the enclosed BSI Report, I would suggest that you contact the BSI Test House direct in the first instance.

Yours sincerely,

Nigel Jennings
N. JENNINGS

SUPPLIES TECHNOLOGY DIVISION

**PDLAAX** 

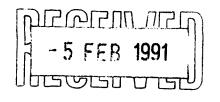
Your ref:

Our ref:

T/D/65

Date:

1 February 1991





Maylands Avenue Hemel Hempstead Herts HP2 4SQ Telephone: 0442-230442 Telex: 82424 BSIHHC G Fax Gr 2/3: 0442-231442

Mr S Nixon Viamed 15 Station Road Cross Hills Keighley West Yorkshire BD20 7DT

Dear Mr Nixon

## THERMACOT TC400 MK1 INFANT RADIANT WARMER RE-SUBMISSION OF BSI JOB NO.138544

With regard to the above equipment, we should like to make the following estimate to test for compliance with BS 5724: Part 1 1979 (IEC601-1:1977) including the production of two copies of the report, and subject to the requirements being met, two copies of the test certificate.

Cost:

£1550 + VAT

Duration:

6 - 8 weeks

Earliest start date:

One week from receipt of equipment and

pre-payment

This estimate excludes all packaging and transport costs to or from the BSI Laboratories and any such charges will be invoiced as appropriate.

This estimate is valid for a period of thirty days from the above date. Beyond this time a price increase may apply.

Since this will be the first submission we have received from your company, we require the above amount to be paid before work can commence.

Should you wish us to proceed with this test work, please complete the attached 'Application for Test' form, and return to us together with an order number. In the event that the cost seems likely to exceed the estimate by more than 10%, then we will notify you immediately and will require your agreement before finalising.

If further information and components are required, we will inform you of our additional requirements once an initial inspection of the equipment has been completed.

Thank you for your enquiry, and please do not hesitate to contact us should you have any further queries.

Yours sincerely

P. R. Shiels

P.R. SHIELS

Electromedical Section

PS/CL

Enc. Application for Test Form
 Test Leaflet 1

	10/1/89
Teleph	one conversation with Mr P. Shiels (B.S)
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