1.0 Technician:	**5.0 Device Type:**	NMT Monitor TOF3D	
2.0 Customer:	**5.1 Manufacturer:**	MIPM GmbH	
	5.2 Type: TOF3D	**5.3 MDD:** II a BF	
	5.4 SN: T3D_____ SW:_____		
	5.5 Ident-No.: _____		

3.0 Visual Inspection	defective	missing	Without failure	**Options**	**Measurement devices**	**Inventory number**
3.1 Housing	☐		☐	☐ Temperature	Reference Thermometer	
3.2 Labeling	☐	☐	☐			
3.3 Accessories	☐	☐	☐			
3.4 User manual	☐	☐	☐	---	Oscilloscope	
3.5 Medical product file	☐	☐	☐	---	Electrical safety tester	
3.6 Battery voltage >5,5V	☐		☐			
4.0 Functional test (according attached document)	☐		☐			
4.1 electrical safety test (according attached document)	☐		☐			

Remarks:

_____

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6.0 Final report

6.1 All tests passed

☐ **YES**   ☐ **NO**

Tests passed with minor deviations:

_____

_____

_____

6.2 next TSC: _____

_____   _____
   Date   **Signature**