

		Document ref:	0391055
		Version:	1.3
Viamed Infant Resuscitation Cabinet Service Sheet			
Hospital / Organisation:			
Location (department, room number):			
Engineer (print):			
Service Date:			
Action		Notes	OK
Cabinet Body – Serial number:			
Check for overall signs of damage Comments:			<input type="checkbox"/>
Check door catch – swivel catch on door Comments:			<input type="checkbox"/>
Check door catch – retaining clasp on cabinet Comments:			<input type="checkbox"/>
Check integrity of welds on the door hinges Comments:			<input type="checkbox"/>
Check hinges for damage or deformation Comments:			<input type="checkbox"/>
Check the restraining bars for damage or deformation Comments:			<input type="checkbox"/>
Check the cabinet is securely fixed to wall Comments:			<input type="checkbox"/>
Check medirails and tighten any loose rails Comments:			<input type="checkbox"/>
Check grommets on the hose inlets are in place and intact Comments:			<input type="checkbox"/>
Check the bumper stops that prevent door banging during closing Comments:			<input type="checkbox"/>
Check 'caution' sticker is in place on the platform Comments:			<input type="checkbox"/>
Check bed for damage i.e. cracks, chips Comments:			<input type="checkbox"/>
Check all the bed mounting screws are in place Comments:			<input type="checkbox"/>
Check mattress for damage i.e. tears, split seams Comments:			<input type="checkbox"/>
Tom Thumb – Serial Number:			
Follow service procedure as detailed in the Tom Thumb service manual Comments:			<input type="checkbox"/>
Check oxygen hose, if present, for wear, and replace if necessary (at least every 4 years) Hose replaced? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last hose replacement: Comments:			<input type="checkbox"/>

Action	Notes	OK
Low Suction Controller – Serial number:		
Follow service procedure as detailed in suction controller operator's or service manual Comments:		<input type="checkbox"/>
Change filter assembly Comments:		<input type="checkbox"/>
Check vacuum hose for wear, and replace if necessary (at least every 4 years) Hose replaced? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last hose replacement: Comments:		<input type="checkbox"/>
Check rail clamp is securely attached to suction controller Comments:		<input type="checkbox"/>
Replace suction tubing Comments:		<input type="checkbox"/>
Replace tapered connector Comments:		<input type="checkbox"/>
Check receiving canister for damage, replace if necessary Comments:		<input type="checkbox"/>
Radiant Warmer – Serial number: Note: if the unit is hard wired, a PAT test may not be applicable: consult your organisation's regulations. Is unit hard-wired? Yes <input type="checkbox"/> No <input type="checkbox"/> PAT test performed? Yes <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Comments:		
Follow service procedure as detailed in radiant warmer service manual Comments:		<input type="checkbox"/>
APGAR Timer – Serial number:		
Change batteries Comments:		<input type="checkbox"/>
Follow service procedure as detailed in Apgar timer operator's manual Comments:		<input type="checkbox"/>
General		
Check storage bins present Comments:		<input type="checkbox"/>
Tidy any trailing hoses, using tie-wraps if necessary Comments:		<input type="checkbox"/>
Check Operator's Manuals are in place Comments:		<input type="checkbox"/>
Clean cabinet with isopropyl alcohol Comments:		<input type="checkbox"/>
Additional notes or comments: 		