

GRANUMIX 107S / GRANUMIX 507S Concentrate Preparation Device

Service Manual

Edition: 05A
Date of issue: 2024-12
Part no.: DOP-0000318020

CE⁰¹²³



**FRESENIUS
MEDICAL CARE**

6.3 TSC/MA report

Explanations for the report

The explanatory notes on the report can be found in a separate chapter (see chapter 6.4 on page 48).

FRESENIUS MEDICAL CARE		TSC/MA report	GRANUMIX 107S/ GRANUMIX 507S		
Customer number/Customer name:		Inventory number:			
Name of tester:		Operating hours:			
Software version:		Equipment code:			
Service report number:		Serial number:			
Cat.	No.	Description	Operating state	Measured value/ Correction value	✓/NA
Information: ✓ = successful inspection item / NA = non-applicable inspection item					
1 Checks/procedures with device switched off and power plug unplugged					
TSC	1.1	Power supply cord checked for signs of damage.	Off	-	<input type="checkbox"/>
TSC	1.2	Checked that the fuse accessible on the outside has the correct rating. If present, checked seal for damage.	Off	-	<input type="checkbox"/>
TSC	1.3	Checked that all labels and inscriptions are present and legible.	Off	-	<input type="checkbox"/>
TSC	1.4	Device checked for damage and dirt. Target value: The device's mechanical condition allows continued safe use of the device as intended.	Off	-	<input type="checkbox"/>
MA	1.5	When using a power supply via a transformer: Transformer and cooling ducts checked for contamination.	Off	-	<input type="checkbox"/>
2 Electrical safety check according to (DIN) EN 62353, IEC 62353, and functional test					
TSC	2.1	Protective earth resistance measured and checked. Target value: $\leq 0.3 \Omega$ with power supply cord	Off	____/____ Ω	<input type="checkbox"/>
Information: Connect the power plug and switch the device on. Prepare and fill in service report and documents.					
TSC	2.2	Device leakage currents measured, scaled to nominal line voltage, and checked taking the "Additional condition" into account. Target value: $I_N \leq 500 \mu A$ Differential current measurement according to Figure 8 Nominal voltage of the power supply (U_0) AC polarity L - N: Maximum device leakage current (I_{Bmax}) Actual line voltage measured (U_{Bmax}) Device leakage current scaled to nominal line voltage ($I_N = (U_0 \times I_{Bmax}) : U_{Bmax}$) AC polarity N - L: Maximum device leakage current (I_{Bmax}) Actual line voltage measured (U_{Bmax}) Device leakage current scaled to nominal line voltage ($I_N = (U_0 \times I_{Bmax}) : U_{Bmax}$)	On	____ V ____/____ μA ____/____ V ____/____ μA ____/____ μA ____/____ V ____/____ μA	<input type="checkbox"/>
3 Level sensor					
TSC	3.1	No leakages.	On	-	<input type="checkbox"/>
TSC	3.2	Correct operation of the sensor.	On	-	<input type="checkbox"/>
TSC	3.3	Inlet valve checked.	On	-	<input type="checkbox"/>
TSC	3.4	Check valve checked.	On	-	<input type="checkbox"/>
4 Functional test					
MA	4.1	Correct functioning of mixer and circulation pump tested using the timer.	On	-	<input type="checkbox"/>
TSC	4.2	Motor protection switch checked.	On	-	<input type="checkbox"/>
MA	4.3	Pump is not showing any signs of leakage.	On	-	<input type="checkbox"/>
5 Timer					
MA	5.1	Displays/indicators and counting processes are OK and easily legible under the environmental conditions.	On	-	<input type="checkbox"/>
MA	5.2	Counting process continues after the GRANUMIX 107S / GRANUMIX 507S is turned off and on.	On	-	<input type="checkbox"/>
6 EMERGENCY STOP switch					
TSC	6.1	Correct operation of the EMERGENCY STOP switch.	On	-	<input type="checkbox"/>
7 Final tasks					
TSC	7.1	Procedure recorded on the machine card and in the Medical Device Register.	On	-	<input type="checkbox"/>
TSC	7.2	All waste properly disposed of.	On	-	<input type="checkbox"/>
TSC	7.3	All documents created.	On	-	<input type="checkbox"/>

Confirmation of the inspection		
Service report number:		Serial number:
Test equipment used (type and serial number):		
Inspection comments:		
Date of inspection:	Tester's signature:	Tester's stamp:
Assessment of the inspection		
The device is released for its intended use.		<input type="checkbox"/> Yes <input type="checkbox"/> No
The inspection label has been attached to the device.		Date of next inspection:
Assessment comments:		
Assessment date:	Signature of representative of the responsible organization:	Stamp of the responsible organization: