

Reverse Osmosis Unit AquaB

Technical Manual

Software Version: 2.0x

Edition: 1/08.04

Part no.: 634 104 1



Fresenius Medical Care

5.2 TSC and Maintenance Procedures Report

Manufacturer:	Date:
Serial number:	Inventory no.:
Machine type:	
Incl. option:	
<p>The following inspections must be carried out every 12 months at the latest.</p> <p>The measurements may only be performed by skilled electricians with electrotechnical, device-related and medical technical expertise.</p>	

TSC	No.	Description	Desired value / function	O.K.
1 Visual inspection				
TSC	1.1	Labels and labelling	Must be present and legible.	<input type="checkbox"/>
TSC	1.2	Mechanical condition	Must permit further safe use.	<input type="checkbox"/>
TSC	1.2.1	Check connection cable incl. plug		<input type="checkbox"/>
TSC	1.2.2	Check tube connection		<input type="checkbox"/>
TSC	1.3	Damage or contaminations	There must be no signs of damage or contamination.	<input type="checkbox"/>
TSC	1.4	Power cord	No signs of damage.	<input type="checkbox"/>
TSC	1.5	Housing	No signs of damage.	<input type="checkbox"/>
TSC	1.6	Display overlay/control panel	No signs of damage.	<input type="checkbox"/>
TSC	1.7	Installation drawing	Must be present.	<input type="checkbox"/>
TSC	1.8	Ring main flow diagram (in case of ring operation)	Must be present.	<input type="checkbox"/>

TSC	No.	Description	Desired value / function	O.K.
2 Check of the electrical safety in Germany according to DIN VDE 0751-1; edition 10/2001. In other countries, observe the local regulations!				
TSC	2.1	Visual inspection performed.	See item 1 Visual inspection	<input type="checkbox"/>
TSC	2.2	Protective earth resistance	max. 0.3 ohms _____ Ω	<input type="checkbox"/>
TSC	2.3	Permanent connection of power supply line	(Leakage current may be neglected)	<input type="checkbox"/>
TSC	2.4	Direct measurement of the device leakage current according to figure C.5 Nominal voltage of power supply: Device leakage current for mains polarity 1: With line voltage: Scaled to nominal voltage: Device leakage current for mains polarity 2: With line voltage: Scaled to nominal voltage: Test equipment used:	The equivalent device leakage current may not exceed the limit specified below. _____ V Measured value: _____ μA Measured value: _____ V max. 500 μA: _____ μA Measured value: _____ μA Measured value: _____ V max. 500 μA: _____ μA _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 Feed water test				
TSC	3.1	Activated carbon filter: Residual chlorine content (chlorine test strip)	Collect a sample; Chlorine: _____ mg/l Desired value: free chlorine < 0.1 mg/l	<input type="checkbox"/>
TSC	3.2	Soft water test	Collect a sample; Desired value: 0° dH	<input type="checkbox"/>
MA	3.3	SDI test	SDI: _____ Desired value: SDI < 3	<input type="checkbox"/>
4 EMERGENCY STOP check				
TSC	4.1	Emergency stop	Press EMERGENCY STOP in the Supply / Rinse mode: The pump stops.	<input type="checkbox"/>
5 Operating parameters				
TSC	5.1	Check set values / according to Settings report	Values are correct.	<input type="checkbox"/>
TSC	5.2	Operating parameters	Check set values according to Settings report	<input type="checkbox"/>

TSC	No.	Description	Desired value / function	O.K.
6 Sensor check				
TSC	6.1	Permeate conductivity / temperature measurement cell LF _{PERM}	Compare the values with the external measuring instrument.	<input type="checkbox"/>
TSC	6.2	Flow meter FL _{RW} , FL _{KONZ}	Check: Verify the waste water volume or measure the waste water and compare the result with the value displayed by the RO unit.	<input type="checkbox"/>
TSC	6.3	Permeate volume	The total permeate flow displayed is equal to the system-specific desired rating.	<input type="checkbox"/>
7 Alarms				
TSC	7.1	Permeate conductivity alarm SUPPLY (step alarm)	Set the alarm limit to the minimum value. 0th to 2nd minute: Yellow alarm 2nd to 10th minute: Yellow + red alarms + audible signal 10th minute and later: Program aborted, only rinsing possible	<input type="checkbox"/>
TSC	7.2	Permeate conductivity < 1 µS/cm	Turn the unit off; in the distributor board: disconnect the CD cell (brown); When starting SUPPLY mode: Red alarm	<input type="checkbox"/>
TSC	7.3	Upper permeate temperature alarm	Set the alarm limit to be below the current value; yellow alarm In the Supply mode: V3 opens for a longer time	<input type="checkbox"/>
TSC	7.4	Permeate conductivity alarm RINSE	Set the alarm limit to the minimum value. Yellow + red alarm + audible signal	<input type="checkbox"/>
TSC	7.5	Water alarm	Interrupt water supply. Alarm message: WATER SUPPLY; red alarm (after 6 seconds) and restart within 3 minutes	<input type="checkbox"/>
TSC	7.6	ERROR: Flow q _C /q _W !	In the Supply mode: Disconnect connector from V3.	<input type="checkbox"/>
TSC	7.7	Disinfection connector	Loosen the connector: Red alarm	<input type="checkbox"/>
TSC	7.8	Leakage sensor	Moisten the sensor or establish conductive contact connection. Red alarm	<input type="checkbox"/>
TSC	7.9	Leakage connector	Disconnect the connector from the monitor: Red alarm	<input type="checkbox"/>
TSC	7.10	Tank overfilled (with tank control)	Manually actuate the tank sensor. Red alarm	<input type="checkbox"/>

TSC	No.	Description	Desired value / function	O.K.
8 Operating programs				
TSC	8.1	SUPPLY AutoSTART / AutoSTOP	Set the appropriate values in the Settings menu.	<input type="checkbox"/>
TSC	8.2	Automatic RINSE	Set the appropriate values in the Settings menu.	<input type="checkbox"/>
10 Remote control (optional)				
TSC	10.1	Mechanical condition	Must permit further safe use.	<input type="checkbox"/>
TSC	10.2	Alarm display	Alarms are indicated	<input type="checkbox"/>
TSC	10.3	Switching between Standby / Supply	Check	<input type="checkbox"/>

Technician's signature: _____, date _____	Customer's signature: _____, date _____
The system has been released for further use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

The technical safety checks are to be entered in the Medical Device Register and the results of the check must be documented.

Corrective action must be taken to restore the safe function of any device which is not in proper or safe service and/or operating condition, or the operator is to be informed of the risk which the use of this device may present.

I herewith confirm proper performance of any procedure as specified above, and the data to be true and correct.