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Service web site : <http://lisa.genoray.com/>

MAINTENANCE CHECKLIST FOR GENORAY C-ARM SYSTEM					
COMPANY DETAIL					
Company Name	:				
Address	:				
Date of inspection	:				
Frequency	:	6 MONTHLY ()		12 MONTHLY ()	
DEVICE DETAIL					
Ⓐ S/N	:				
Ⓑ ZENIS S/W Ver	:				
Ⓒ Main board(Equipment) F/W	:				
Ⓓ Generator F/W(OSCAR 15 X)	:				
Ⓔ OP F/W	:				
Ⓕ Collimator system F/W	:				
Ⓖ Collimator Shutter F/W	:				
Ⓗ Detector F/W	:				
Ⓘ Detector_SUB F/W	:				
Exterior & Basic Inspection					
Description	Photo(sample)	Check section		Repair or replaced	
Fixed Handle		Good	Bad	Repair	Replaced
Control Handle		Good	Bad	Repair	Replaced
C-Orbit Handle(Left, Blue)		Good	Bad	Repair	Replaced
C-Orbit Handle(Right, Blue)		Good	Bad	Repair	Replaced
C-Rotation Handle(Left, Yellow)		Good	Bad	Repair	Replaced

C-Rotation Handle(Right, Yellow)		Good	Bad	Repair	Replaced
Panning Handle(Left, Orange)		Good	Bad	Repair	Replaced
Panning Handle(Right, Orange)		Good	Bad	Repair	Replaced
C-Arc movement		Good	Bad	Repair	Replaced
Foot Brake		Good	Bad	Repair	Replaced
FR-Arm brake		Good	Bad	Repair	Replaced
Up/Down button and Shot S/W		Good	Bad	Repair	Replaced
Front Caster Wheel		Good	Bad	Repair	Replaced
Main body side wheels(Left)		Good	Bad	Repair	Replaced
Main body side wheels(Right)		Good	Bad	Repair	Replaced
Cart Wheel		Good	Bad	Repair	Replaced
OP touch control		Good	Bad	Repair	Replaced

Zoom mode		Good	Bad	Repair	Replaced
Collimator movement		Good	Bad	Repair	Replaced
Laser		Good	Bad	Repair	Replaced
PULSE Mode		Good	Bad	Repair	Replaced
ABC		Good	Bad	Repair	Replaced
Monitor Function		Good	Bad	Repair	Replaced
Zenis Function		Good	Bad	Repair	Replaced
Angiography Function(Optional)		Good	Bad	Repair	Replaced
Main power outlet and cable		Good	Bad	Repair	Replaced
PC booting & ZENIS S/W connection		Good	Bad	Repair	Replaced
Hood & Lever Cable connection		Good	Bad	Repair	Replaced
Handswitch and Footswitch		Good	Bad	Repair	Replaced
On/Off button, Key and USB slots		Good	Bad	Repair	Replaced
Emergency button		Good	Bad	Repair	Replaced

Detector		Good	Bad	Repair	Replaced
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Notes

This Machine is inspected based on the check list above.

HOSPITAL DETAIL

Hospital Name	:	
Address	:	
Date of inspection	:	
Name	:	
Signature	:	