


Dialysis Unit Maintenance Checklist

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HVAC System

Ensuring proper temperature and air quality within the dialysis unit.

Room Temperature (°C)

Enter a number...

Relative Humidity (%)

Enter a number...



Air Exchange Rate (ACH)

Enter a number...

Filter Status

- Clean
- Needs Cleaning
- Replace

Last Filter Change Date

Enter date...

Any Unusual Noises or Observations?

Write something...

Condensate Drain Condition

- Clear
- Partially Blocked
- Blocked

Time of Inspection

Enter time...

Water System (RO/DI)

Maintenance of the Reverse Osmosis/Deionization system to ensure water quality meets stringent standards.

Pre-RO Feed Water Pressure (PSI)

Enter a number...

RO System Pressure (PSI)

Enter a number...

Post-RO Water Conductivity ($\mu\text{S}/\text{cm}$)

Enter a number...

Post-DI Water TOC (ppb)

Enter a number...

RO Membrane Condition

- Excellent
- Good
- Fair
- Poor

Date of Last RO Membrane Replacement

Enter date...

Notes/Observations (e.g., unusual readings, alarms)

Write something...

Time of Conductivity Measurement

Enter time...

RO System Alarms Cleared?

Yes

No

Electrical System

Verification of electrical integrity and safety, critical for life-support equipment.

Last Electrical System Inspection Date

Enter date...

Voltage Reading at Main Panel (Volts)

Enter a number...

Ground Resistance (Ohms)

Enter a number...

Condition of Electrical Panel

- Excellent
- Good
- Fair
- Poor
- Needs Attention

Details of Any Issues Found (e.g., loose connections, overheating)

Write something...

UPS (Uninterruptible Power Supply) Status

- Online
- Standby
- Testing
- Fault

Time of UPS Testing

Upload Photos of Electrical Panel (if applicable)

 Upload File

Plumbing System

Inspection and maintenance of all plumbing related to dialysis machines and water lines.

Last Plumbing System Flush Date

Water Pressure (PSI) - Hot

Water Pressure (PSI) - Cold

Drainage System Condition

- Excellent
- Good
- Fair
- Poor

Description of any observed leaks or issues

Write something...

Backflow Preventer Testing Status

- Passed
- Failed
- Not Performed

Date of Backflow Preventer Testing

Enter date...

Notes from Plumber (if applicable)

Write something...

Dialysis Machines & Equipment

Routine checks and maintenance of dialysis machines and related equipment.

Machine 1 - Conductivity Reading ($\mu\text{S}/\text{cm}$)

Machine 2 - Blood Pump Speed Verification (RPM)

Machine 1 - Dialysis Membrane Integrity

- Intact
- Minor Leaks
- Significant Leaks
- Needs Replacement

Pressure Gauge Reading (PSI)

Last Filter Replacement Date (Machine 1)

Notes/Comments - Machine 1

Write something...

Machine 2 - Blood Leak Detector Status

- Operational
- Faulty
- Needs Repair

Time of last machine calibration

Enter time...

Emergency Power System (Generator)

Testing and maintenance of the emergency power system to ensure uninterrupted power supply.

Last Generator Test Date

Enter date...

Runtime Hours During Test

Enter a number...

Fuel Level (Gallons)

Enter a number...

Test Results (Pass/Fail)

Pass

Fail

Details of Test Results/Failures (If Applicable)

Write something...

Date of Last Maintenance

Enter date...

Estimated Next Maintenance Time

Enter time...

Fuel Type Verified?

Yes

No

Any Unusual Noises/Observations During Test

Write something...

Fire Safety & Security

Ensuring compliance with fire safety regulations and maintaining security measures.

Last Fire Extinguisher Inspection Date

Enter date...

Fire Extinguisher ABC Count (Verify Presence)

Enter a number...

Fire Alarm System Status

- Operational
- Needs Repair
- Out of Service

Emergency Lighting Functionality

- Operational
- Needs Repair
- Out of Service

Smoke Detector Functionality

- Operational
- Needs Repair
- Out of Service

Notes on Security Perimeter Check (Doors, Windows, Locks)

Write something...

Security System Status (If Applicable)

- Active
- Inactive
- Needs Repair

Last Security System Test Date

Enter date...

General Facility & Environment

Routine upkeep of the dialysis unit's general environment, including cleanliness and accessibility.

Ambient Temperature (°C)

Enter a number...

Relative Humidity (%)

Enter a number...

Floor Condition

- Excellent
- Good
- Fair
- Poor

Observations/Notes on cleanliness and general appearance

Write something...

Lighting Adequacy

- Adequate
- Needs Improvement
- Insufficient

Odor Detection

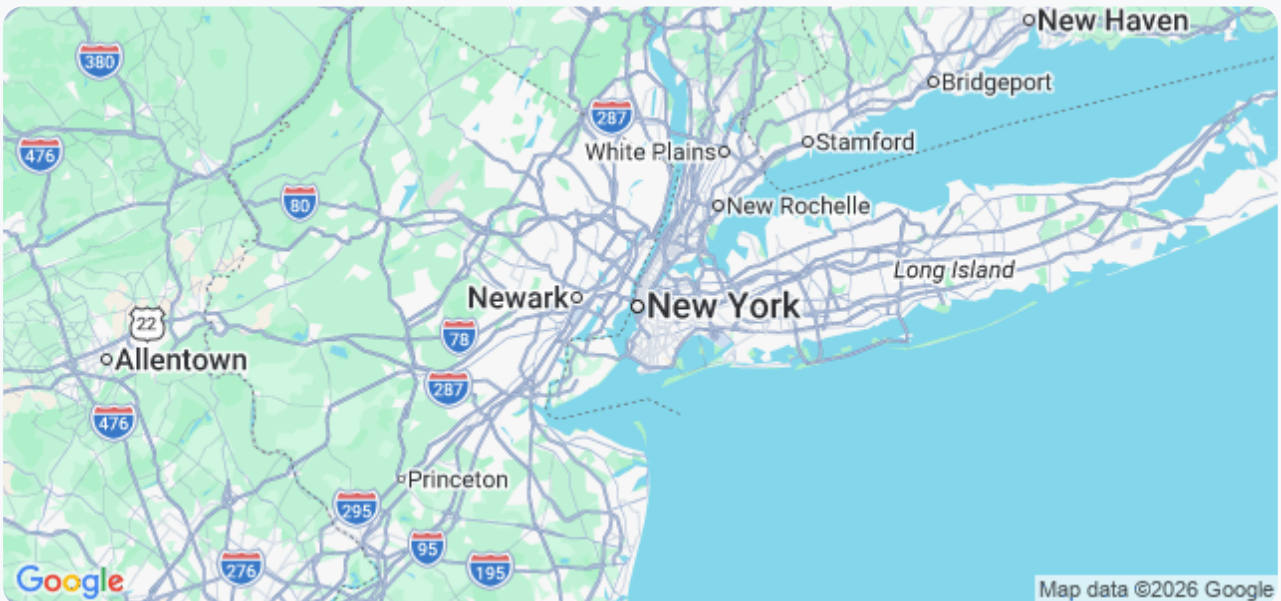
- None
- Mild
- Strong - Investigate

Last Deep Cleaning Date

Enter date...

Location of any spills or hazards

 [Set My Current Location](#)



Medical Gas Systems (Oxygen, Nitrogen)

Inspection and maintenance of medical gas supply and distribution systems.

Last Cylinder Inspection Date

Enter date...

Oxygen Cylinder Pressure (PSI)

Enter a number...

Nitrogen Cylinder Pressure (PSI)

Enter a number...

Regulator Inspection Result

- Pass
- Fail
- Not Applicable

Comments/Observations (Regulators, Piping, Alarms)

Write something...

Gas Leak Detector Status

- Functional
- Needs Repair
- Out of Service

Last Alarm Test Date

Enter date...

Time of Cylinder Change (if applicable)

Enter time...

Waste Management

Proper handling and disposal of medical and general waste materials.

Last Waste Manifest Review Date

Enter date...

Quantity of Biohazardous Waste (lbs/kg)

Enter a number...

Quantity of Sharps Waste (containers)

Enter a number...

Quantity of Regulated Pharmaceutical Waste (lbs/kg)

Enter a number...

Waste Disposal Company

- Company A
- Company B
- Company C

Waste Segregation Compliance

- Compliant
- Minor Deviation
- Major Deviation

Comments/Observations (e.g., unusual waste volume, training notes)

Write something...

Copy of Waste Manifest

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