ChecklistGuro

Hospital Medical Equipment Maintenance Checklist

Show only Checklist

Display Style
Default

Patient Care Equipment

Checklist for essential equipment directly impacting patient care.

Last Inspection Date

Enter date...

Bed Height (inches)

Enter a number...

Mattress Pressure Relief Settings (1-10)

Enter a number...

Condition of Side Rails

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

Malfunctions Observed

- [ ] Noisy Operation
- [ ] Difficulty Adjusting Height
- [ ] Worn Upholstery
- [ ] Locking Mechanism Issues
- [ ] None

Notes/Additional Comments

Write something...

Technician Signature

Diagnostic Imaging Equipment

Maintenance tasks for X-ray, MRI, CT scan, and ultrasound machines.

X-Ray Tube Current (mA)

Enter a number...

X-Ray Tube Voltage (kV)

Enter a number...

Last Calibration Date - X-Ray

Enter date...

MRI Magnet Quench Events (Since Last Service)

Enter a number...

MRI Gradient Coil Status

- [ ] Normal
- [ ] Minor Noise
- [ ] Significant Noise
- [ ] Repair Needed

Last Filter Change Time - CT

Enter time...

Notes/Observations - Ultrasound

Write something...

Upload Image - Calibration Result

Upload File

Respiratory Therapy Equipment

Ventilators, nebulizers, oxygen concentrators, and related devices.

Last Calibration Date

Enter date...

Pressure Readings (psi)

Enter a number...

Flow Rate (LPM)

Enter a number...

Humidification System Status

- [ ] Functional
- [ ] Needs Repair
- [ ] Out of Service

Any unusual noises or observations?

Write something...

Filters Checked?

- [ ] Inlet Filter
- [ ] Outlet Filter
- [ ] Humidifier Filter

Calibration Time

Enter time...

Sterilization Equipment

Autoclaves, sterilizers, and related processes for infection control.

Last Cycle Validation Date

Enter date...

Cycle Time (Minutes)

Enter a number...

Temperature (°C)

Enter a number...

Pressure (PSI)

Enter a number...

Cycle Type

- [ ] Gravity
- [ ] Steam Flush
- [ ] Air Displacement

Cycle Notes/Observations

Write something...

Cycle Validation Report

Upload File

Water Quality Check

- [ ] Pass
- [ ] Fail
- [ ] Requires Further Testing

Cycle Start Time

Enter time...

Emergency Power Systems

Generators, UPS systems, and backup power infrastructure.

Last Generator Test Date

Enter date...

Generator Runtime (Hours)

Enter a number...

Fuel Level (Gallons/Liters)

Enter a number...

Fuel Type

- [ ] Diesel
- [ ] Gasoline
- [ ] Propane
- [ ] Natural Gas

Time of Last Test

Enter time...

Observations/Notes from Last Test

Write something...

Upload Test Report (Optional)

Upload File

UPS Status

- [ ] Operating Normally
- [ ] Warning
- [ ] Error
- [ ] Offline

Life Support Systems

Equipment vital for sustaining patient life, requiring rigorous maintenance.

Ventilator Pressure (cmH2O)

Enter a number...

Oxygen Flow Rate (LPM)

Enter a number...

Last Filter Replacement Date

Enter date...

Alarm Test Time

Enter time...

Any Abnormal Noises Observed?

Write something...

Ventilator Mode

- [ ] Volume Control
- [ ] Pressure Control
- [ ] Assist Control

Functional Checks Completed

- [ ] Power On/Off
- [ ] Volume Delivery
- [ ] Alarm Response
- [ ] Back-up Battery Status

Technician Signature

Monitoring Devices

Heart monitors, blood pressure machines, and other patient monitoring equipment.

Heart Rate (BPM)

Enter a number...

Blood Pressure (Systolic)

Enter a number...

Blood Pressure (Diastolic)

Enter a number...

Oxygen Saturation (%)

Enter a number...

Respiratory Rate (breaths/min)

Enter a number...

Last Calibration Date

Enter date...

Time of Reading

Enter time...

Notes/Observations

Write something...

Mobility & Transfer Equipment

Wheelchairs, hospital beds, lifts, and patient transfer aids.

Last Inspection Date

Enter date...

Wheelchair Tire Pressure (PSI)

Enter a number...

Hospital Bed Rail Functionality

- [ ] Fully Functional
- [ ] Minor Issue
- [ ] Requires Repair
- [ ] Non-Functional

Lift Inspection - Check all that apply

- [ ] Battery Condition
- [ ] Cable Integrity
- [ ] Motor Operation
- [ ] Emergency Stop Function
- [ ] Load Capacity Verified

Notes/Observations regarding chair movement or function

Write something...

Technician Signature

Laboratory Equipment

Analyzers, centrifuges, and other instruments used in diagnostics.

Spectrophotometer Lamp Hours

Enter a number...

Last Calibration Date (Centrifuge)

Enter date...

Last PM Time (PCR Machine)

Enter time...

pH Meter Calibration Factor

Enter a number...

Any unusual observations?

Write something...

Reagent Storage Conditions

- [ ] Appropriate Temperature
- [ ] Unstable
- [ ] Expired

Attach calibration certificates

Upload File

HVAC & Environmental Controls

Maintain optimal temperature and air quality within the hospital.

Last Filter Replacement Date

Enter date...

Supply Air Temperature (F)

Enter a number...

Return Air Temperature (F)

Enter a number...

Fan RPM

Enter a number...

Refrigerant Level

- [ ] Optimal
- [ ] Low
- [ ] High
- [ ] Not Checked

Notes on System Performance

Write something...

Next Scheduled Maintenance Date

Enter date...

Attach Maintenance Report/Images

Upload File