



# Hospital Medical Equipment Maintenance Checklist

 Show only Checklist

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## 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)

## X-Ray Tube Voltage (kV)

## Last Calibration Date - X-Ray

## MRI Magnet Quench Events (Since Last Service)

## MRI Gradient Coil Status

- Normal
- Minor Noise
- Significant Noise
- Repair Needed

### Last Filter Change Time - CT

### Notes/Observations - Ultrasound

### Upload Image - Calibration Result

 Upload File

## Respiratory Therapy Equipment

Ventilators, nebulizers, oxygen concentrators, and related devices.

### Last Calibration Date

### Pressure Readings (psi)

### 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

## Cycle Time (Minutes)

## Temperature (°C)

## Pressure (PSI)

## 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

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# Monitoring Devices

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

## Heart Rate (BPM)

## Blood Pressure (Systolic)

## Blood Pressure (Diastolic)

## Oxygen Saturation (%)

## Respiratory Rate (breaths/min)

### 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

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# Laboratory Equipment

Analyzers, centrifuges, and other instruments used in diagnostics.

## Spectrophotometer Lamp Hours

## Last Calibration Date (Centrifuge)

## Last PM Time (PCR Machine)

## pH Meter Calibration Factor

## Any unusual observations?

### 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