



Hospital Medical Equipment Maintenance Checklist

Patient Care Equipment

Checklist for essential equipment directly impacting patient care.

Last Inspection Date

Bed Height (inches)

Mattress Pressure Relief Settings (1-10)

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

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

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

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

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

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)

Blood Pressure (Systolic)

Blood Pressure (Diastolic)

Oxygen Saturation (%)

Respiratory Rate (breaths/min)

Enter a number...

Last Calibration Date

Enter date...

Time of Reading

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)

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

Attach Maintenance Report/Images

 Upload File