Soluscope 3 GTA

D0434E - Maintenance recording form

HOSPITAL / CLINIC: .....

DEPARTMENT: .....

WEEK FROM THE ..... ***TO THE*** .....

MACHINE SERIAL NUMBER: .....

Date	Number of cycles	D1	D2	D3	D4	D5	D6	D7	W1	W2	W3	W4	W5	M1	Y1	Y2	PS	Water 0.2 µm filter & pre-filters change	Air filter 0.2 µm *HEPA* change	Revision	Servicing	Comments Use by date	Operator signature

Signature of the responsible supervisor:

Comments: .....

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