

Performance Inspection Procedure Checklist

Model # _____ Department/Location _____

Serial # _____ Performed By _____

Type of PIP: Post-Repair Annual Date _____

Manual Mode Access		Pass	Fail	NA	Comments
1	Manual Mode Access Record customer-selected MANUAL ACCESS configuration				
Device Preparation					
	Device exterior damage (general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Check device for loose/rattling hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Check for damaged or missing rubber feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Inspect battery connector pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Inspect therapy cable pins and connector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm spring button on therapy connector is functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Check if battery pins were replaced during this servicing event.	<input type="checkbox"/> Complete			
	Inspect device cables for damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Inspect keypads and overlays for damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Check device accessories for condition and expiration dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Inspect carrying case and carrying strap for condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Device Setup					
	<ul style="list-style-type: none"> Engage two fully charged Li-ion batteries into the device Install a roll of 100-mm printer paper Connect therapy cable to the device 	<input type="checkbox"/> Complete			
Power On/Self -Test					
	<ul style="list-style-type: none"> All items are conforming 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auxiliary Power Switching (if Auxiliary power connector is installed)					
	<ul style="list-style-type: none"> Auxiliary status indicators switch 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Source Management					
	<ul style="list-style-type: none"> Confirm battery status indicator switching 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
User Test and Date/Time Verification					
	<ul style="list-style-type: none"> Confirm device passes User Test Confirm Time and Date are correct 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous Functions					
8	Temperature Calibration Check Test (if Temp option is installed)				
	<ul style="list-style-type: none"> Confirm Temperature Cal Check complete 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	CO2 Tests (if CO2 option is installed)				
	a. Confirm change in vacuum reading is less than 15 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Record CO2 concentration reading is 5.0% ±0.5%	Measured Value _____		<input type="checkbox"/>	
10	NIBP Tests (if NIBP option is installed)				
	a. Confirm LEAKAGE TEST OK message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Confirm 50 mmHg readings agree within ±20 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Miscellaneous Functions (continued)		Pass	Fail	N/A	Comments
NIBP Tests (continued)					
	c. Confirm 150 mmHg readings agree within ± 20 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Confirm the overpressure switch activates at 290 ± 20 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	25 mm/s Speed Printer Test Confirm printer test strip and CHECK PRINTER message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	12.5 mm/s Speed Printer Test Confirm printer 12.5 mm/s test strip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Keypad Test Confirm all control text boxes are highlighted and TEST COMPLETE message appears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Audio Test Confirm voice messages and tones are clear and not distorted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Invasive Blood Pressure Verification (if IP option is installed)				
	a. Confirm P1 pressure channel zero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Record P1 pressure reading of 250 ± 8 mmHg	Measured Value	_____	<input type="checkbox"/>	
	c. Record P1 pressure reading of 100 ± 5 mmHg	Measured Value	_____	<input type="checkbox"/>	
	d. Record P1 pressure reading of 20 ± 3 mmHg	Measured Value	_____	<input type="checkbox"/>	
	e. Record P1 pressure reading of -20 ± 3 mmHg	Measured Value	_____	<input type="checkbox"/>	
	f. Confirm P2 pressure channel zero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Record P2 pressure reading of 250 ± 8 mmHg	Measured Value	_____	<input type="checkbox"/>	
	h. Record P2 pressure reading of 100 ± 5 mmHg	Measured Value	_____	<input type="checkbox"/>	
	i. Record P2 pressure reading of 20 ± 3 mmHg	Measured Value	_____	<input type="checkbox"/>	
	j. Record P2 pressure reading of -20 ± 3 mmHg	Measured Value	_____	<input type="checkbox"/>	
16	SpO2/SpCO/SpMet Tests				
	a. Confirm SpO2 reading is between 50% and 100% (if SpO2 is installed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Confirm SpCO reading is between 0% and 40% (if SpCO is installed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Confirm SpMet reading is between 0% and 15% (if SpMet is installed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Record Operating Data (Optional)				
	Total Shocks _____				Fault Messages _____
	360J Shocks <input type="text"/> _____				Power Cycle Count _____
	225-325J Shocks <input type="text"/> _____				Pacing Count _____
	0-200J Shocks <input type="text"/> _____				Shock Count _____
					Power On Time _____
					Printer On Time _____
					SpO2 Operating Time (if installed) _____
					CO2 Operating Time (if installed) _____
					NIBP Inflation Cycles (if installed) _____
ECG Performance Testing					
18	ECG Tests (12-lead, 3-lead or 5-wire ECG tests)				
	a. Confirm LEADS-OFF screen messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Record Lead I gain (tolerance 25 to 31 mm)	Measured Value	_____	<input type="checkbox"/>	
	c. Record Lead II gain (tolerance 36 to 44 mm)	Measured Value	_____	<input type="checkbox"/>	

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ECG Performance Testing (continued)		Pass	Fail	N/A	Comments
d.	Record Lead V1/C gain (tolerance 36 to 44 mm) (5-wire, 12-lead)	Measured Value _____		<input type="checkbox"/>	
e.	Record Lead V2 gain (tolerance 36 to 44 mm) (12-lead)	Measured Value _____		<input type="checkbox"/>	
f.	Record Lead V3 gain (tolerance 36 to 44 mm) (12-lead)	Measured Value _____		<input type="checkbox"/>	
g.	Record Lead V4 gain (tolerance 36 to 44 mm) (12-lead)	Measured Value _____		<input type="checkbox"/>	
h.	Record Lead V5 gain (tolerance 36 to 44 mm) (12-lead)	Measured Value _____		<input type="checkbox"/>	
i.	Record Lead V6 gain (tolerance 36 to 44 mm) (12-lead)	Measured Value _____		<input type="checkbox"/>	
19	ECG Analog Output (optional, perform as required)				
	Record signal amplitude (tolerance 0.90 to 1.10 Vp-p)	Measured Value _____		<input type="checkbox"/>	
Defibrillator / Pacing Testing					
20	Delivered Energy Test				
	10 J – Record delivered energy (tolerance 9.1 to 10.9 J)	Measured Value _____ J		<input type="checkbox"/>	
	200 J – Record delivered energy (tolerance 186.0 to 214.0 J)	Measured Value _____ J		<input type="checkbox"/>	
	360 J – Record delivered energy (tolerance 334.9 to 384.9 J)	Measured Value _____ J		<input type="checkbox"/>	
21	Charge Time to 360J Test				
	Confirm device charges to 360 J in less than 10 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Synchronous Cardioversion Test				
	Record Sync delay (maximum 60 ms)	Measured Value _____		<input type="checkbox"/>	
23	Therapy ECG Characteristics				
a.	Record ECG paddle lead gain (tolerance 1mV = 36 to 44 mm)	Measured Value _____		<input type="checkbox"/>	
b.	Fast-Restore baseline in 0.5 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Fast-Restore amplitude restored is >50% within 3 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Positive R-wave test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Standard Paddles User Test (N/A for QUIK-COMBO-only device)				
	Confirm device passes test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Pacer Option Characteristics				
a.	Confirm leads-off detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	10 mA – Record current (tolerance 5 to 15 mA)	Measured Value _____		<input type="checkbox"/>	
c.	100 mA – Record current (tolerance 91 to 109 mA)	Measured Value _____		<input type="checkbox"/>	
d.	200 mA – Record current (tolerance 181 to 219 mA)	Measured Value _____		<input type="checkbox"/>	
e.	Record pulse width (tolerance 19.2 to 20.8 ms)	Measured Value _____		<input type="checkbox"/>	
26	Patient Impedance Test				
a.	Verify the PADDLES LEADS OFF message is not visible (50 ohms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Verify the device displays PADDLES LEADS OFF message (370 ohms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Verify the PADDLES LEADS OFF message is not visible (238 ohms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data Management					
27	Bluetooth Wireless Technology (if Bluetooth option is installed)				
	Verify Bluetooth Pairing Successful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leakage Current Tests					
28	Leakage Test Battery Powered				
a.	ECG Direct Applied Part at 120 or 240 VAC Polarity NC/RM , Condition Normal , (5 µA - 45 µA)	Measured Value _____		<input type="checkbox"/>	
b.	Therapy Direct Applied Part at 120 or 240 VAC Polarity NC/RM , Condition Normal , (5 µA - 2625 µA)	Measured Value _____		<input type="checkbox"/>	

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Leakage Current Tests (continued)		Pass	Fail	N/A	Comments
c. SpO2 Direct Applied Part at 120 or 240 VAC Polarity NC/RM , Condition Normal , (5 μ A - 2625 μ A)		Measured Value _____		<input type="checkbox"/>	
29	Leakage Test AC Powered Device at 120VAC (If Aux power is installed)				
a. Direct Equipment Leakage at 120 VAC Polarity NC/RM , Condition Open Earth , (15 μ A - 270 μ A)		Measured Value _____		<input type="checkbox"/>	
b. ECG Direct Applied Part at 120 VAC Polarity NC/RM , Condition Normal , (5 μ A - 45 μ A)		Measured Value _____		<input type="checkbox"/>	
c. Therapy Direct Applied Part at 120 VAC Polarity NC/RM , Condition Normal , (5 μ A - 2625 μ A)		Measured Value _____		<input type="checkbox"/>	
d. SpO2 Direct Applied Part at 120 VAC Polarity NC/RM , Condition Normal , (5 μ A - 2625 μ A)		Measured Value _____		<input type="checkbox"/>	
30	Leakage Test AC Powered Device at 240 VAC (if Aux power is installed)				
a. Direct Equipment Leakage at 240 VAC Polarity NC/RM , Condition Open Earth , (15 μ A - 450 μ A)		Measured Value _____		<input type="checkbox"/>	
b. ECG Direct Applied Part at 240 VAC Polarity NC/RM , Condition Normal , (5 μ A - 45 μ A)		Measured Value _____		<input type="checkbox"/>	
c. Therapy Direct Applied Part at 240 VAC Polarity NC/RM , Condition Normal , (5 μ A - 2625 μ A)		Measured Value _____		<input type="checkbox"/>	
d. SpO2 Direct Applied Part at 240 VAC Polarity NC/RM , Condition Normal , (5 μ A - 2625 μ A)		Measured Value _____		<input type="checkbox"/>	
31	LIFEPAK 15 Maintenance Instruction Maintenance prompt disabled or reset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: