

LUCAS® 2 Service Checklist

Work Order #: _____

Type of inspection:

Customer: _____

Annual Routine

LUCAS Serial #: _____

Post-Repair

Exterior Physical Inspection		Pass	Fail	NA	Remarks
1	Device exterior condition (cleaned – no exterior damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Check Bellows and Suction Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Check Fabrics (Patient straps, Stabilization strap and carrying bag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Maintenance Procedure		Perform if necessary			
1	Software version (Fill in version/checksum below <u>QR</u> add print-out)	<input type="checkbox"/>	Print-out added		

CPU:	SW Ver:	Checksum:	Remarks	
• Control	J _____	_____	_____	
• Protective	J _____	_____	_____	
• Charger	J _____	_____	_____	
2	Clean Electric Fan and Mesh Grill	<input type="checkbox"/>	Complete	_____
3	Lubricate Carry Ball Screw	<input type="checkbox"/>	Complete	_____
4	Lubricate Claw Lock Mechanism	<input type="checkbox"/>	Complete	_____
5	Test run	<input type="checkbox"/>	Complete	_____
6	Attach Service Label (optional)	<input type="checkbox"/>	Complete	_____

Function Check		Pass	Fail	NA	Remarks
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Mechanics Tests		Pass	Fail	NA	Remarks
1	Check that the Decompression Spring moves smoothly and without unusual noise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Check that the Carry Ball Nut runs smoothly and without unusual noise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Check for Release Ring play when Claw Mechanism is unlocked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Check that Claw Mechanism remains locked when pressure is applied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Electronics Tests		Pass	Fail	NA	Remarks
1	Internal Function Test and Adjust LED is green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	“30:2” mode				
	• Device runs without unusual sound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Confirm active 30:2 LED is green.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Confirm audible alert prior to ventilation pause and intermittent LED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Check that PAUSE LED is green.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	“Continuous” mode				
	• Confirm continuous LED is green.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Confirm LED blinks every 12 strokes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	“Adjust” mode				
	• Confirm that Suction Cup runs smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	“Charge” mode				
	• Connect a PSU and confirm that the charging sequence starts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks:

Performed by: _____

Date: _____