

# CodeManagement Module

## Performance Inspection Procedure Checklist

Model # \_\_\_\_\_

Serial # \_\_\_\_\_

Department/Location \_\_\_\_\_

Type of PIP: Post-Repair  Annual

Performed By \_\_\_\_\_

Date \_\_\_\_\_

| Inspection          | Pass                     | Fail                     | NA                       | Comments |
|---------------------|--------------------------|--------------------------|--------------------------|----------|
| Physical Inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

| Testing | Pass | Fail | NA | Comments |
|---------|------|------|----|----------|
|---------|------|------|----|----------|

|  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--|
| <b>1 Power Port and AC Mains LED</b><br>Confirm the DUT passes Power Port and AC Mains LED test. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|--|--------------------------|--------------------------|--------------------------|--|

|   |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--|
| <b>2 Rest Button</b><br>Confirm UUT passes Reset Button test. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|---|--------------------------|--------------------------|--------------------------|--|

|  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--|
| <b>3 CO2 Leakage</b><br>Confirm UUT passes CO2 Leakage test. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|--|--------------------------|--------------------------|--------------------------|--|

|   |  |  |  |                  |
|---|--|--|--|------------------|
| <b>4 CO2 Calibration Check</b><br>Confirm CO2 gas is between 4.7% and 5.3%. |  |  |  | CO2 Gas: _____ % |
|---|--|--|--|------------------|

|   |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--|
| <b>5 Computer Assisted Tests</b><br>Confirm all tests PASS. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|---|--------------------------|--------------------------|--------------------------|--|

|   |  |  |  |                        |
|---|--|--|--|------------------------|
| <b>6 Protective Earth Resistance - LIFEPAK 20e Defibrillator Ground Stud</b><br>Confirm resistance is less than 0.3 ohms. |  |  |  | Resistance: _____ ohms |
|---|--|--|--|------------------------|

|   |  |  |  |                        |
|---|--|--|--|------------------------|
| <b>7 Protective Earth Resistance - CodeManagement Module Ground Stud</b><br>Confirm resistance is less than 0.3 ohms. |  |  |  | Resistance: _____ ohms |
|---|--|--|--|------------------------|

|  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--|
| <b>8 Earth Leakage Current for 120 Vac</b><br>a. Defibrillator is ON<br>b. Neutral Closed, Polarity Normal/ Reversed, NC, (15 $\mu$ A - 300 $\mu$ A)<br>c. Neutral Open, Polarity Normal/ Reversed, SFC, (15 $\mu$ A - 1000 $\mu$ A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Level: _____ $\mu$ A<br>Current Level: _____ $\mu$ A |
|--|--------------------------|--------------------------|--------------------------|--|

|  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--|
| <b>9 Earth Leakage Current for 240 Vac</b><br>a. Defibrillator is ON<br>b. Neutral Closed, Polarity Normal/ Reversed, NC, (15 $\mu$ A - 500 $\mu$ A)<br>c. Neutral Open, Polarity Normal/ Reversed, SFC, (15 $\mu$ A - 1000 $\mu$ A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Level: _____ $\mu$ A<br>Current Level: _____ $\mu$ A |
|--|--------------------------|--------------------------|--------------------------|--|

|   |                          |                          |                          |                              |
|---|--------------------------|--------------------------|--------------------------|------------------------------|
| <b>10 Direct Equipment Leakage Test for 120 Vac</b><br>a. Defibrillator is ON<br>b. Open Earth, Polarity Normal/ Reversed, (15 $\mu$ A - 300 $\mu$ A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Level: _____ $\mu$ A |
|---|--------------------------|--------------------------|--------------------------|------------------------------|

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**11 Direct Equipment Leakage Test for 240 Vac**

a. Defibrillator is ON

b. Open Earth, Polarity Normal/Reversed, (15  $\mu$ A - 500  $\mu$ A)

Current Level: \_\_\_\_\_  $\mu$ A

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**12 Direct Applied Part Leakage Tests**

a. Defibrillator is ON

b. ECG Direct Applied Part

Polarity Normal/ Reversed, Lead = RA, (2  $\mu$ A - 45  $\mu$ A)

Current Level: \_\_\_\_\_  $\mu$ A

c. Therapy Direct Applied Part

Polarity Normal/ Reversed, Lead = LL-LA, (2  $\mu$ A - 5000  $\mu$ A)

Current Level: \_\_\_\_\_  $\mu$ A

d. SpO2 Direct Applied Part

Polarity Normal/ Reversed, Lead = RL, (< 5000  $\mu$ A)

Current Level: \_\_\_\_\_  $\mu$ A

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