

Preventive Maintenance Checklist

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| <p><u>Technician Info:</u></p> Company Name _____ Name _____ Preventive Maintenance Completion Date: _____ Counter Reading (<i>Lease Customers Only</i>) In _____ Out _____ | <p><u>Doctor Info:</u></p> Company Name _____ Doctor Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ |
|--|--|

Machine Info: Machine Serial # _____ Tubehead Serial # _____ Machine Type: PC-1000 PC-1000/Laser 1000 PC-1000-DR

1. Visual Inspection

| | | | | |
|--|-------------------------------|-------------------------------|------------------------------|---|
| Tubehead Serial Match | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Data cable properly routed (<i>PC-1000-DR</i>) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Exposure Cord | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Main power button | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Reset button | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Radiation button | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Mirror | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Forehead Support Knob | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Forehead Support | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Handlebars (<i>Free of Movement</i>) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |

2. Darkroom and Processing Analysis (*Film and Plate Systems Only*)

| | | | | |
|------------------------|-------------------------------------|--------------------------------|---------------------------------|---|
| Light in the Darkroom | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Timer | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Thermometer | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Intensifying Screens | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Black Cassette | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Screen Type | <input type="checkbox"/> Ektavision | <input type="checkbox"/> Lanex | <input type="checkbox"/> X-Omat | <input type="checkbox"/> N/A |
| Film Type | | | | |
| i. Manufacturer: _____ | ii. Model: _____ | iii. Speed: _____ | | |

3. Stability Of Unit

| | | | | |
|------------------------------|-------------------------------|-------------------------------|------------------------------|---|
| Unit is level/free of wobble | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
|------------------------------|-------------------------------|-------------------------------|------------------------------|---|

4. Inspect Screw Drive

| | | | | |
|---|-------------------------------|-------------------------------|------------------------------|---|
| Up/Down Switch | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Screw Motor | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Screw Drive Sticker | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Visually Confirm Safety Nut properly seated | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |

5. Arm and Film Drum Rotation

| | | | | |
|--------------|-------------------------------|-------------------------------|------------------------------|---|
| Arm Rotation | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Film Drum | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |

6. Tubehead Inspection

| | | | | |
|-------------------------------------|-------------------------------|-------------------------------|------------------------------|---|
| kVp Deflection @ 80kVp: _____ | | | | |
| Tubehead Knobs (<i>Ceph Only</i>) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Tubehead Leaking? | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |

7. Calibrate/Verify Calibration

| | | | | |
|--------------------------------|-------------------------------------|--|--|--|
| No load voltage reading: _____ | If Serviced, new reading is: _____ | | | |
| Line Voltage _____ | | | | |
| mA Pan _____ Ceph _____ | If Serviced: Pan _____ Ceph _____ | | | |
| Pulse Count _____ | If Serviced, new pulse count: _____ | | | |

8. Panoramic Beam Alignment

| | | | | |
|--|-------------------------------|-------------------------------|------------------------------|---|
| | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
|--|-------------------------------|-------------------------------|------------------------------|---|

9. Software Calibrations (*PC-1000-DR Only*)

| | | | | |
|-----------------------|-------------------------------|-------------------------------|------------------------------|---|
| Mechanical Alignment | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Software Calibrations | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |

10. Verify Cephalometric Alignment (*PC-1000/Laser 1000 Only*)

| | | | | |
|------------------------------------|-------------------------------|-------------------------------|------------------------------|---|
| Soft Tissue on Front and Back | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Ear Rod Rings/Posts | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Laser Switch | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Laser | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |
| Cephalometric Arm (<i>Level</i>) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |

11. Pin Test

| | | | | |
|--|-------------------------------|-------------------------------|------------------------------|---|
| | Measurement Right _____ | Measurement Left _____ | | |
| | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Action Taken _____ |

Additional Comments and Recommendations: _____

Panoramic Certified Technician Signature: _____ **Date** _____