

Technician Info: Company Name _____ Name _____ Preventive Maintenance Completion Date: _____ Counter Reading (<i>Lease Customers Only</i>) In _____ Out _____	Doctor Info: Company / Doctor Name _____ Address _____ City _____ State _____ Zip _____ Phone _____
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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 _____
Handlebars (<i>Free of Movement</i>)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Action Taken _____
Safety placard in place (FM 20205)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Action Taken _____
Preventive maintenance placard in place (FM 20206)	<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 _____
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4. Inspect Screw Drive

Up/Down & Limit Switches	<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 _____
Inspect Motor Assembly Wear	<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 (Ceph Only)	<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 _____
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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 / Laser Switch	<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 _____
12. Update Preventive Maintenance Placard Year Box

	<input type="checkbox"/> Completed			
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Additional Comments and Recommendations: _____

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