

Preventive Maintenance & Quality Assurance Preventive Checks / Info

Ready  or Not 
TECHNICAL SERVICES INC.*

Customer/Account	<input type="checkbox"/> Excellence <input type="checkbox"/> Preference	Date	Work Order Ref#
Technician Performing Maintenance Visit	HS Phone/Contact #	Preventive Visit # (please circle) 1 2 3 4 5 6 7 8 9 _____	

Please note the following indicated in operator check boxes (#' = 1, 2, 3 etc.) see additional sheet for more operatories.
Check "✓" = OK/good, "X" = see comments, notes & details, SC = service work completed during visit (see work order for more details)

Operatory Equipment	#	#	#	#	#	Comments, Details (see reverse for more details if required)
Dental Unit/ Control						Comments - check tubings, air pressure, leaks, filters, holders etc.
Assistant's Inst.						Comments - check syringe, HVE valves, filters etc.
Patient Chair						Comments - check chair, motor movement, positions, upholstery etc.
Dr.'s/Assistant's Stool						Comments - check castors, upholstery, cylinder etc.
Overhead lights						Comments - check bulb, socket, arm drift, focus, lens shield etc.
Intraoral X-ray						Comments - arm drift, cord/switch, etc. (occasionally calibrate)
Intraoral Camera						Comments - check camera/holder/peripherals, inquire about image
Scaler/Prophy Unit						Comments - check water flow, vibration/power, handpiece etc.
HP Tubings/F.O.						Comments - check for stiff tubings, air/water leaks, light output etc.
Handpiece (high speed)						Comments - check pressures, noisy turbines, hp torque, chuck tension
Handpiece (low speed)						Comments - check motors and attachments, hp pressure, chuck etc.
Curing Light						Comments - check timer, curing power, cables, holders etc.
Amalgamator						Comments - check timing, noise/vibration etc.
Other						Comments -
Other						Comments -

Preventive Maintenance & Quality Assurance

Ready or Not

Preventive Checks / Info

226.378.4532
London, Ont.

TECHNICAL SERVICES INC.

Please note the following indicated in operatory check box - A check "✓" = OK/good, "X" in the box = see comments, notes & details, SC = service work completed during visit, see comments and workorder for details.

Other Equipment	✓	Comments & Details (see reverse for more details if required)
Pan/Ceph		Comments - check screens, exposures, error codes etc. (monthly) / calibration (annually)
X-ray Film Processor		Comments - check film slippage, dev. and fixer racks, solution temperature, speed control etc. (monthly)
Sterilisers		Comments - check door gaskets, chamber condition, error codes, cycle test
Compressor		Comments - check filters, oil level and condition, noise and temperature, auto drain, water/air leaks etc.
Vacuum		Comments - check filters, water and vacuum leaks, solids collectors, vacuum levels, noise level
Ultrasonic Cleaner		Comments - operation and visual inspection / vibration and foil test (occasionally)
Lab Equipment		Comments - model trimmer, lathe, plaster trap (check gaskets, leaks, filters, noise levels etc.)
Main Water Filter		Comments - if installed, check filters every 6 months depending on water quality and consumption
Digital Imaging		Comments - occasionally check sensors, wear and tear, updates, calibrations etc.
Amalgam Removal		Comments - monthly check filters and replacement cartridges, replace as necessary
Air Dryer		Comments - check dessicant/refridgeration, filters, leaks, restrictions etc.

*Please note the following additional notes, comments, suggestions and/or estimates in reference to the service work indicated on the front and back of this form. (please see work order also for labour, parts and other information).

Notes _____

Customer Signature **X** _____ Technician Signature **X** _____