

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 operatory 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 -

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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

Technician Signature **X**