

Inspection of elctro-medical equipment according to EN 62353

Customer / Medical Facility / Practice: _____

Address: _____

Type of inspection:

- First inspection
- Repeat inspection
- Inspection following repairs / servicing
- Manufacturer's final inspection

Electrical appliance class: I II

Manufacturer: Elbur Vertriebs GmbH

Bed type: PB _____

Serial number: _____

Inventory number: _____

Location: _____

Testing equipment used (name / type / serial number)

I. Visual inspection

1.1. Visual inspection of the mechanical components		
Are name plates and labels readable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are mechanical constructions free of no weld, bent of metal or wooden components?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is external frame of mattress support platform distorted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are sections of mattress support platform fitted and adjusted properly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are wooden slats or metal net without damages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is construction under the mattress support platform (if applicable) completed and without any damages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is lifting pole located and fixed properly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are side rails without any damages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are castors without damages and still good enough to use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all screw connections durable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are housings of components without damages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are quick-release bolts mounting drive units fitted properly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is lifting pole distorted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is triangle grab handle still good enough to use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.2. Visual inspection of the electrical components		
Is the power supply cord connected properly and without damage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are mains cable and its plug without damage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are cables connected correctly with strain relief / plugs fully inserted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are cables, especially between moving parts of the bed, without any scratches, dents, kinks or bare wires?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are housings of drive units, control box and hand switch sealed and without any damages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is labelling on the hand switch readable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Description of defects (if applicable):

II. Electric measurements (according to EN 62353)

2.1. Measurement of protective earth resistance		
Applied only for Class I ME equipment $R \leq 300\ m\Omega$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Results:		
2.2. Measurement of leakage current		
Direct method (for Class I ME Equipment) $I \leq 500\ \mu A$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Results:		
Differential method (for Class II ME Equipment): $I \leq 100\ \mu A$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Results:		
2.3. Measurement of insulation resistance		
For Class II ME Equipment: $R \geq 7\ M\Omega$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Results:		

Description of defects (if applicable):

III. Performance check

3.1. Performance check of the electrical components		
Are control and blocking functions of the hand switch working properly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are drive units working properly? (abnormal noises, smooth operation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.2. Performance check of the mechanical components		
Is suspension system working properly? (smooth operation, brakes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the distance between side rails less than 12 cm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the distance between lower side rail and the mattress support platform less than 12 cm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the distance between top of the mattress and the top edge of the top side rail at least 22 cm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is it safe and simple to lock and unlock the side rails?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are side rails distorted with a load?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the CPR function working properly with a load of the back rest (if applicable)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Description of defects (if applicable):

IV. Results of the inspection

Inspected passed: YES NO

If inspection was not passed:

- Defective equipment – Do not use the nursing bed! → Repair
- Defective equipment – Do not use the nursing bed! → Take out of use
- Nursing bed does not meet the safety requirements

Attachements:

Comments:

Next inspection date: _____

Inspected on: _____

Inspected by: _____

Signature: _____

Inspection protocol can be downloaded from website:

www.elbur-vertrieb.de