

# CMOORE MEDICAL SALES & SERVICE, INC

Medical Equipment Asset Management

Safety,

## Surgery Center Test

123 Medical Center Dr, Atlanta, GA, 30301

CMoore Medical Sales & Service, Inc • Founded 2001 •  
Southeast US • (678) 986-0894



**Legend:**

PM/A = Preventative Maintenance Annual

ES/S = Electrical Safety Semi-Annual

PM/S = Preventative Maintenance Semi-Annual

II = Incoming Inspection

ES/A = Electrical Safety Annual

OT = One Time Check



**Legend:**

ES/A = Electrical Safety Annual

PM/S = Preventative Maintenance Semi-Annual

ES/S = Electrical Safety Semi-Annual

II = Incoming Inspection

PM/A = Preventative Maintenance Annual

OT = One Time Check

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Description:**  
AED

**Manufacturer:**  
ZOLL

**Model:**

**Date:**  
June 1, 2026

**Service Date:**  
June 1, 2026

**Service Provided:**  
ES/S

**Item #:**

~~RT 10914838~~  
ER (10) + BB (5) + MR (5) + IH (0) = RES (20)

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
ANESTHESIA MACHINE  
**Manufacturer:**  
GE

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/S

**Model:** **Item #:**

ER (10) + PR (5) + MR (5) + IH (0) = RES (20)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
ANESTHESIA MONITOR  
**Manufacturer:**  
GE

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/S

**Model:** **Item #:**

EW13275991A  
**EE (10) + PR (5) + MR (5) + IH (0) = RES (20)**

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
ASPIRATOR  
**Manufacturer:**  
WELLS JOHNSON

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/A

**Model:** **Item #:**

**EP (8) + PR (1) + MR (1) + IH (0) = RES (10)**

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Description:**  
ASPIRATOR

**Manufacturer:**  
SSCOR

**Date:**  
June 1, 2026

**Service Date:**  
June 1, 2026

**Service Provided:**  
ES/A

**Model:**

**Item #:**

EP (8) + PR (1) + MR (1) + IH (0) = RES (10)

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Description:**  
AUTOCLAVE

**Manufacturer:**  
TUTTNAUER

**Date:**  
June 1, 2026

**Service Date:**  
June 1, 2026

**Service Provided:**  
ES/A

**Model:**

**Item #:**

EP (2) + PR (3) + MR (2) + IH (0) = RES (7)

23040372

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Description:**  
ESU

**Manufacturer:**  
VALLEYLAB

**Model:**

**Date:**  
June 1, 2026

**Service Date:**  
June 1, 2026

**Service Provided:**  
ES/S

**Item #:**

**ER (10) + PR (5) + MR (5) + IH (0) = RES (20)**

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Description:**  
INCUBATOR

**Manufacturer:**  
TUTTNAUER

**Date:**  
June 1, 2026

**Service Date:**  
June 1, 2026

**Service Provided:**  
ES/A

**Model:**

**Item #:**

**ER (2) + PR (1) + MR (1) + IH (0) = RES (4)**

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
INFILTRATION PUMP  
**Manufacturer:**  
KLEIN

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/A

**Model:** **Item #:**

FR (2) + PR (2) + MR (3) + IH (0) = RES (7)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
PATIENT MONITOR  
**Manufacturer:**  
WELCH ALYN

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/A

**Model:** **Item #:**

EP (7) + PR (2) + MR (2) + IH (0) = RES (11)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
PATIENT MONITOR  
**Manufacturer:**  
MINDRAY

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/A

**Model:** **Item #:**

EP (7) + PR (2) + MR (2) + IH (0) = RES (11)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
PATIENT WARMER  
**Manufacturer:**  
3M

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/A

**Model:** **Item #:**

EP (2) + PR (1) + MR (1) + IH (0) = RES (4)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
REFRIGERATOR  
**Manufacturer:**  
GALANZ

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/A

**Model:** **Item #:**

RES (2) + PR (1) + MR (1) + IH (0) = RES (4)

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Description:**  
SMOKE EVAC

**Manufacturer:**  
BUFFALO FILTER

**Date:**  
June 1, 2026

**Service Date:**  
June 1, 2026

**Service Provided:**  
ES/A

**Model:**

**Item #:**

EP (6) + PR (3) + MR (5) + IH (0) = RES (14)

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Date:**  
June 1, 2026

**Description:**  
SURGERY LIGHT

**Service Date:**  
June 1, 2026

**Manufacturer:**  
SKYTRON

**Service Provided:**  
ES/A

**Model:**

**Item #:**

ER (7) + PR (3) + MR (1) + IH (0) = RES (11)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Date:**  
June 1, 2026

**Description:**  
SURGERY LIGHT

**Service Date:**  
June 1, 2026

**Manufacturer:**  
SKYTRON

**Service Provided:**  
ES/A

**Model:**

**Item #:**

ER (7) + PR (3) + MR (1) + IH (0) = RES (11)

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test  
**Description:**  
SURGERY TABLE  
**Manufacturer:**  
SKYTRON

**Date:**  
June 1, 2026  
**Service Date:**  
June 1, 2026  
**Service Provided:**  
ES/A

**Model:** **Item #:**

EP (6) + PR (3) + MR (5) + IH (0) = RES (14)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Date:**  
June 1, 2026

**Description:**  
VAPORIZER SEVO

**Service Date:**  
June 1, 2026

**Manufacturer:**  
PENLON

**Service Provided:**  
ES/S

**Model:**

**Item #:**

ER (10) + PR (3) + MR (1) + IH (0) = RES (14)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Date:**  
June 1, 2026

**Description:**  
WARMING CABINET

**Service Date:**  
June 1, 2026

**Manufacturer:**  
STERIS

**Service Provided:**  
ES/A

**Model:**

**Item #:**

ER (6) + PR (3) + MR (5) + IH (0) = RES (14)

Procedure Description:

Pass/Failed

Check physical condition of power cord and plug:

P

Check function test in all modes:

P

Technicians: C. MOORE

**INCOMING INSPECTION**

**ACCOUNT:**  
Surgery Center Test

**Date:**  
June 1, 2026

**Description:**  
WASHER

**Service Date:**  
June 1, 2026

**Manufacturer:**  
TUTTNAUER

**Service Provided:**  
ES/A

**Model:**

**Item #:**

**FR (8) + PR (2) + MR (1) + IH (0) = RES (11)**

**Procedure Description:**

**Pass/Failed**

Check physical condition of power cord and plug:

**P**

Check function test in all modes:

**P**

**Technicians: C. MOORE**

Revised June 1, 2026

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• Description: • Manufacturer: • Serial number: • Model number: • Facility or tag number:

The inventory may include non-clinical equipment when that equipment poses a hazard during normal use in a clinical environment.

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**\*\*Procedure\*\***

1. Equipment is prepared for maintenance shall be cleaned with an appropriate disinfectant and any previous safety sticker shall be removed. The appropriate preventive maintenance/repairs shall be performed on the equipment and all documentation shall be completed and recorded. All then be quality assured

4. All documentation shall be presented to the CMOORE MEDICAL SALES & SERVICE, INC support personnel for processing

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The frequency of preventive maintenance (PM) inspections is dependent on the manufacturers requirements and on the manufacturers requirements, and the eligibility criteria stated below.

1. At the customers request, CMOORE MEDICAL SALES & SERVICE, INC will check the equipment using existing PM procedures, or the manufacturer's recommendations regarding guidelines, equipment that the device operates within the equipment's specifications. Information from the equipment type already specified in the program will be used. DEVICES AND EQUIPMENT NOT IN CONFORMANCE WITH THE PERFORMANCE STANDARDS WILL NOT BE PUT INTO SERVICE, AND THE CUSTOMER AND MANUFACTURER WILL BE NOTIFIED.

The only equipment that meets minimum criteria requirements is included in the equipment management program. Each device is evaluated using the Risk Evaluation Score (RES) formula. The RES number is based on the following characteristics.

- PHYSICAL RISKS (PR) (1-5 pts) — Table 2
- MAINTENANCE REQUIREMENTS (MR) (1-5 pts) — Table 3
- INCIDENT HISTORIES (IH) (1-5 pts) — Table 4

$$RES = FR + PR + MR + IH$$

A device specified under the contract is included in the program if:

1. The devices RES number is equal to or greater than 8
2. Similar devices with a less than 8 RES are already in the program for other reasons (e.g. equipment accountability, equipment incident history, and specified equipment under contract).

**Table 1 — Function Risk (FR)**

**Table 2 — Physical Risks (PR)**





















































Account: \_\_\_\_\_ Date: \_\_\_\_\_  
Description: \_\_\_\_\_ Service Date: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Service Provided: PM / ES / O/T  
Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Location: \_\_\_\_\_

Accessories: \_\_\_\_\_

Function (FR) \_\_\_\_ Risk (ER) \_\_\_\_ Complexity (EC) \_\_\_\_ RES: \_\_\_\_  
PM Level: PM-1 PM-2 PM-3 PM-4  
PM Interval: SEMI / ANNUAL or One Time Check  
Base Month: \_\_\_\_\_

Original P/O #: \_\_\_\_\_ Purchase Cost: \_\_\_\_\_  
Facility Tag # \_\_\_\_\_ Warranty Period: \_\_\_\_ months

Received Date: \_\_\_\_\_  
Service or Operation Manuals? Yes \_\_\_\_ No \_\_\_\_  
If No, Notify Department: \_\_\_\_/\_\_\_\_/\_\_\_\_

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The frequency of preventive maintenance (PM) inspections is dependent on the maintenance requirements criteria shown in New York State Regulations. The RES# that is selected at the time that a piece of equipment is considered to be added to the program will be PM completion % - equipment to be completed within the planned RES# interval divided by the equipment in the program check or one-time check.

**\*\*Safety Schedule: PM1/PM2/PM3/PM4\*\***

The procedure code number and the PM interval code of the safety test.

PM1 Schedule: The procedure code number and the schedule interval of the PM level. The interval of time between tests will be greater than PM1. The PM2 schedule is usually requires the schedule interval of the PM level. The length of PM1 and PM2 tests will be greater than PM1. The PM3 schedule is usually requires the schedule interval of the PM level. The length of PM1 and PM2 tests will be greater than PM1. The PM4 schedule is usually requires the schedule interval of the PM level. The length of PM1 and PM2 tests will be greater than PM1. The frequency of tests will be greater than a PM1.

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- A. The account name/location/phone or extension number
  - B. The person requesting service
  - C. The nature of the problem observed
  - D. State whether the situation is considered an emergency

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- A. Customer name, location
- B. Phone number and contact person
- C. Department
- D. Equipment type
- E. Brief description of the problem
- F. Priority of response (stat, 2 hours, same day, etc.)

EXCEPTION: If the customer has a contract with the manufacturer or another vendor please place the repair call to the appropriate company.

**\*\*II. CMOORE MEDICAL SALES & SERVICE, INC Responsibility\*\***

- 1. Determine if a repair requires the dispatch of the technician or having the device shipped to the service center.
- 2. Secure purchase order number for completed repair.

**\*\*III. Technician Responsibility\*\***

- 1. Information is logged on the technicians daily work log (Work Order) form.
  - 2. Work orders are completed within five (5) days unless parts are not readily available.
  - 3. Department is called immediately by a technician to set up a time to check the device, verify the problem and assign priority.
  - 4. Indicate the time of the telephone call on the daily work log to show that the "response time" was satisfied.
  - 5. Upon completion of work, a work order is signed by the responsible party (preferably the person who called in the request). The yellow copy is left with the customer; the white copy stays with a technician to be filed. It is the technicians responsibility to check the work order log at the end of the day to ensure all calls are logged and responded to.
- Notes:**
- 1. Be sure to use the most correct repair code. Ensure that what is written matches the repair code.
  - 2. Be sure to document the amount of time expended during the repair of the device.
  - 3. Indicate Preventive Maintenance (PM) and Electrical Safety checks on any repair in which the integrity of the device has been compromised.
  - 4. Indicate that the repaired item was given a functional check and it passed.
  - 5. Ensure that the repaired item has a current PM sticker before returning it to the user.

\*  
**\*\*Procedure\*\***

- 1. All work will be documented on PM worksheets, repair work orders, or other generated documentation.
  - 2. All hard copies of documentation will be filed in an equipment history file maintained on-site.
  - 3. All work will be printed on a maintenance history printout, PM / ES for semi & annual distribution to customer.
  - 4. Equipment inventory printouts will be distributed to customers for semi-annual review.
  - 5. Other documentation will be provided as necessary when requested by the contract coordinator.
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Call CMOORE MEDICAL SALES & SERVICE, INC immediately to report any incident. When equipment is involved in an incident, have the piece of equipment isolated immediately. Make sure the equipment settings and setups are left "as is" until the piece of equipment can be examined by two or more people together. Document all settings before moving the unit to the secured area. Do not make any statements regarding the equipment.

Date: \_\_\_\_\_ Technician: \_\_\_\_\_  
Customer: \_\_\_\_\_  
Incident reported by: Phone \_\_\_\_\_ Written Report \_\_\_\_\_ in Person \_\_\_\_\_

Who made report \_\_\_\_\_?

Type of Incident: Class A: Patient involvement in medical equipment | Class B: No patient involved, but patient-related | Class C: No patient involved  
CMOORE MEDICAL SALES & SERVICE, INC personnel involved

An incident as Reported:

What: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

How: \_\_\_\_\_

Why: \_\_\_\_\_

List any person who might have information regarding this matter and their involvement:

If the patient was involved:

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Doctor: \_\_\_\_\_ Room Number: \_\_\_\_\_

Was any other equipment used on the patient at the time?

Was the customer incident report filled out? Yes \_\_\_\_\_ No \_\_\_\_\_

Please advise CMOORE MEDICAL SALES & SERVICE, INC whom to contact to receive a copy of the incident report.

Name: \_\_\_\_\_

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**\*\*Procedure\*\***

1. Medical equipment should not be modified or "manipulated" in any way except in response to written manufacturers directions.
2. Repairs on medical equipment should be made using replacement parts according to the manufacturers specifications or identical substitutions.
3. Alarm levels, buzzers, speakers, or other warning systems should not be bypassed.
4. In the event of a manufacturers update or field modification, a work order should be generated and include the information included in the manufacturers directions. should be filed in the equipment file.
5. The field update should be performed according to the manufacturers recommendations; if there is no urgency, perform the field modification at the next scheduled PM or at your convenience.

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**\*\*Exceptions:\*\***

1. Equipment borrowed from a facility that has a biomedical equipment management program with similar or equivalent policies.
2. Equipment approved for use by the customer under special circumstances.



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**\*\*Procedure\*\***

1. Technicians shall maintain documentation of all required vaccinations and inoculations.
2. Annual TB testing is required for all field service personnel.
3. Hepatitis B vaccination series is offered to all technicians at no cost.
4. Documentation of inoculation status is maintained in the company records.
5. Technicians with known exposure to infectious disease shall report to their supervisor immediately.



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CMOORE MEDICAL SALES & SERVICE, INC • (678) 986-0894 •  
Founded 2001