

**QA Dental Engineers**  
**Suction Maintenance and Service schedule**

<b>Details</b>	h
Practice Name	Dr A Filing
Address	Your Practice Lincoln Lincoln, LN1 1AB
Phone Number	
<b>Compressor:-</b>	
Model	Cattani
Serial No.	
Date of Manufacture	
Location	Front Surgery

Component Check Year 1	Visual	Physical	Comments (Action taken or Required)
Intake filter/s	✓	✓	Satisfactory
Check tubing's	✓	✓	Satisfactory
Check cables	✓	✓	Satisfactory
Check for leaks	✓	✓	None found
Check separator orifice plate	✓	✓	Replaced *
Check condition amalgam canister & O-ring	✓	✓	Replaced *
Non Return Valve	✓	✓	Satisfactory
Water draw off valve	✓	✓	Satisfactory
Check general operation	✓	✓	Satisfactory
Operating noise level (unusual or excessive)	✓	✓	Satisfactory
Seperator start capacitor	✓	✓	Replaced *
Waste outlet valve	✓	✓	Replaced *

	Sterilising Cycle		Units
	Run on time	30	Sec
	Flow rate at tip	20,000	l/min
	Static Pressure	150	mbar

<b>Comment/Recommendations</b>	<b>Date</b>	24/07/09
* Parts in service kit (fitted to pump)	<b>Engineer (in Block)</b>	BRIAN BACON
	<b>Signature</b>	
	<b>Practice (in Block)</b>	
	<b>Signature</b>	