QA Dental Engineers Suction Maintenance and Service schedule

	Details	h							
	Practice Name Dr A I		ling						
	Address Your Practi								
	Lincoln								
		incoln, LN1 1AB							
	Phone Number		<u></u>						
	Compressor:-								
	Model	Cattani							
	Serial No.								
	Date of Manufacture	Front S							
	Location		Visual	Physical				• 1	
	Component Check Year 1		V Isuai	T Hysicai	Comments (A	action tal	ken or Requ	iirea)	
	Intake filter/s Check tubing's			Satisfactory Sotiofectory					
	Check cables	$\frac{\sqrt{}}{\sqrt{}}$ $\frac{\sqrt{}}{\sqrt{}}$ $\frac{\text{Satisfactory}}{\text{Satisfactory}}$							
	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 Check general operation Operating noise level (unusual or excessive)				Satisfactory Satisfactory				
			/	Satisfactory Parliaged *					
	Seperator start capacitor Watse outlet valve				Replaced * Replaced *				
				- repraced					
				S	terilising C	ycle		Units	
				S		ycle n on time	30	Units Sec	
				S	Rui Flow i	n on time rate at tip	30 20,000		
				S	Rui Flow i	n on time		Sec	
				S	Rui Flow i	n on time rate at tip	20,000	Sec l/min	
	Comment/Recommend	lations		S	Rui Flow i	n on time rate at tip Pressure	20,000	Sec l/min	
					Rui Flow i Static Date	n on time rate at tip Pressure	20,000	Sec l/min	
	Comment/Recommend * Parts in service kit (fitted to pum				Run Flow i Static Date neer (in Block)	n on time rate at tip Pressure	20,000	Sec l/min	
				Engin	Run Flow i Static Date neer (in Block) Signature	n on time rate at tip Pressure	20,000	Sec l/min	
				Engin	Run Flow i Static Date neer (in Block) Signature tice (in Block)	n on time rate at tip Pressure	20,000	Sec l/min	
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