


DXC 800 MAINTENANCE LOG

- St. Joseph Medical Center Tacoma, WA
 St. Clare Hospital Lakewood, WA
 St. Elizabeth Hospital Enumclaw, WA
 St. Francis Hospital Federal Way, WA
 St. Anthony Hospital Gig Harbor, WA
 Highline Medical Center Burien, WA
 PSC

DXC Instrument # _____

Month/Year: _____

| TWICE WEEKLY MAINTENANCE | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech |
|--|-----------|--|-----------|-----------|-----------|-----------|-----------|--------------------------------|-----------|-----------|-----------|
| Clean all probes and mixers/replace wiper | | | | | | | | | | | |
| Inspect Syringes for discoloration / wear | | | | | | | | | | | |
| Clean TP, ALB, and CRE Cups | | | | | | | | | | | |
| Clean EIC and Flow Cell | | | | | | | | | | | |
| Calibrate Lytes, TP, ALB, and CRE | | | | | | | | | | | |
| WEEKLY – Perform Twice Weekly Also | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech | Date/Tech |
| Backup DXC QC Files, System Parameters, Calibrations and Alignments | | | | | | | | | | | |
| Shutdown and reboot instrument and PC | | | | | | | | | | | |
| Clean ALL MC Module Cups (ALB,BUN,CRE,GLU,PHOS,TP) | | | | | | | | | | | |
| Perform BUN Electrode Maintenance | | | | | | | | | | | |
| Perform CUPs Lamp/Sensor Calibrations | | | | | | | | | | | |
| Perform CC Probe Wash Procedure | | | | | | | | | | | |
| Calibrate ALL MC Side Tests | | | | | | | | | | | |
| * Perform DXC Connector Cleaning – Refer to Power Processor Manual * | | | | | | | | | | | |
| MONTHLY – With Weekly | Date/Tech | SIX MONTH (or As Needed) | | | | | Date/Tech | Electrode/Sensor Serial Number | | | |
| Replace Alkaline Buffer Reagent (Always Change In-Line Filter) | | Replace Potassium Electrode Tip Replace Calcium Electrode Tip Replace Sample Syringes (100 µl) Replace AccuSense Glucose Sensor | | | | | | | | | |
| Check Alkaline Buffer Damper Fluid Level | | | | | | | | | | | |
| Change Chloride Electrode (Tip Lot #) | | | | | | | | | | | |
| Vacuum/Clean All Air Filters | | | | | | | | | | | |
| THREE - MONTH | Date/Tech | | | | | | | | | | |
| Replace Reagent Syringe Plunger Rod (500 µl) | | | | | | | | | | | |
| Clean/Decontaminate MC Reagent Lines, Cups, and Stir Bars | | *** NOTE: Always perform the BUN Electrode Maintenance AFTER performing the Weekly Cup Cleaning or the Three-Month Line Cleaning. | | | | | | | | | |

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| DOCUMENT APPROVAL Purpose of Document / Reason for Change: | | |
| 8/13/15- Changed timing to reflect current schedule | | |
| Committee Approval Date | <input type="checkbox"/> Date: <input checked="" type="checkbox"/> NA – revision of department-specific document which is used at only one facility | Medical Director Approval <i>(Electronic Signature)</i>  8/25/15 |