Weekly cleaning and inspection record

Ultrasound system

Facility **Location**

Equipment **Manufacturer**

Model **Install date**

Serial

Weekly cleaning and inspection and cleaning Indicate Pass/Fail. Should be performed in addition to daily safety checks and infection control.

		Inspect and clean					Inspect			Test		
Date	QC performed by	Trackball	Monitor	Control panel	Keyboard	Air filters	Power cords	Peripheral cables (if applicable)	ECG cables (if applicable)	Brakes	Wheels	**Corrective action? (Y/N)**

Corrective action log File corrective action service reports under the designated tab.

Date	Comments

Download more forms at www.learningconnection.com/ultrasound-accreditation-assist.

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