

Site: \_\_\_\_\_ Month: \_\_\_\_\_ **SCHEDULE MAG\_A**  
 System ID#: \_\_\_\_\_ Dispatch/Job #: \_\_\_\_\_  
 Field Service Engineer: \_\_\_\_\_

Procedure	Sec. No.	Tool Serial #	Pass	Cleaned	Adjusted	Replaced	Repaired	Needs Adjustment	Needs Replacement	Needs Repair	Failed
<b>Safety and Regulatory</b>											
Test Magnet Emergency Rundown Unit (ERU)	10-8										
Test GE Magnet Rundown Unit (MRU)	10-10										
<b>Other (Signa Horizon 5.X, 8.X, 9.X &amp; 10.X Not Available for Patient Scans)</b>											
Check and Empty Collection Bottles (GE S-I and Oxford Magnets Only)	10-12										
Record Cryostat Pressure and Flowrates (GE Magnets Only)	10-14										
Inspect Leybold System (Replace Adsorber Every 24,000 Hours) (GE Magnets Only)	10-15										
Inspect Balzers System (Replace Adsorber Every 26,000 Hours) (GE Magnets Only)	10-16										
Inspect Sumitomo System (Replace Adsorber Every 20,000 Hours)	10-17										
Inspect Oxford Water Cooled Power Supply Valve	10-19										
Check/Replace EDM Battery	10-20										
Change Desiccant Pack In Water Flowmeter	10-21										
<b>Other (Signa Horizon 5.X, 8.X, 9.X &amp; 10.X Available for Patient Scans)</b>											
Check Cryogen Levels (Phone Site for Info)	10-1										
Calculate Cryogen Boil-Off Rates/Record Compressor Run Times (Phone Site for Info)	10-2										
Evaluate Cryogen Delivery Schedule (If Applicable)	10-3										
Evaluate Helium Transfill Efficiency	10-4										
Verify Cryogen Meter Calibration	10-5 & 10-6										

GE HEALTHCARE

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Notes: \_\_\_\_\_  
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FSE ID #: \_\_\_\_\_

Field Service Engineer: \_\_\_\_\_ Date: \_\_\_\_\_