

GE HEALTHCARE

Site: \_\_\_\_\_ Month: \_\_\_\_\_ **SCHEDULE MAG\_B**  
 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>											
Inspect Cryogen Vent	10-7										
Test Magnet Emergency Rundown Unit (ERU)	10-8										
Inspect Magnet Emergency Rundown Unit (ERU)	10-9										
Test GE Magnet Rundown Unit (MRU)	10-10										
Inspect GE Magnet Rundown Unit (MRU)	10-11										
<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										
Inspect CTI System (Oxford Mobile Magnets Only)	10-13										
Record Cryostat Pressure and Flowrates (GE Magnets Only)	10-14										
<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										

Notes: \_\_\_\_\_

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

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