

Site: _____ Month: _____ **SCHEDULE MAG_D**
 System ID#: _____ Dispatch/Job #: _____
 Field Service Engineer: _____

Procedure	Sec. No.	Tool Serial #	Pass	Cleaned	Adjusted	Replaced	Repaired	Needs Adjustment	Needs Replacement	Needs Repair	Failed
Safety and Regulatory											
Test Magnet Emergency Rundown Unit (ERU)	10-8										
Test GE Magnet Rundown Unit (MRU)	10-10										
Other (Signa Horizon 5.X, 8.X, 9.X & 10.X Not Available for Patient Scans)											
Check and Empty Collection Bottles (GE S-I and Oxford Magnets Only)	10-12										
Record Cryostat Pressure and Flowrates (GE Magnets Only)	10-14										
Other (Signa Horizon 5.X, 8.X, 9.X & 10.X Available for Patient Scans)											
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: _____