

REGULAR MAINTENANCE AND SERVICE REPAIR RECORD



Information about maintenance or repair – please tick performed activities

Product serial number:	
UDI product number:	
Type of product:	
Hour counter value (if available) OR Number of years of operation (since installation):	

A. Regular maintenance – please tick performed activities

Recommended maintenance actions (for detailed reference check the service manual of a device)		Without hour counter			With hour counter
		by every inspection	every year	every 2 years	every 2000 hours
All devices	Inspection of all electrical connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leakage test (by soapwater)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cleaning from dust (air pump ⁽¹⁾ , blower ⁽²⁾ , fans, cooler ribs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Checking the function of cooling fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conducting a “repeat test” as per EN 62353	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressor ⁽¹⁾	Checking function of pressure switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Checking the function of safety valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Checking the function of dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Replacement of air pump inlet filter(s) and prefilter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Replacement of filter element in dryer filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction ⁽²⁾	Replacement of filter(s), filter element (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Replacement of amalgam separator according service interval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Repair service (please list replaced parts and their amount)

Name and article number of the spare part	Pcs.

C. General evaluation of the product after service (please describe):

Date of maintenance/ repair:		Name of service company:	
Service engineer name and surname:			

1/ Must be filled in for compressors and compressors with suction unit
2/ Must be filled in for suction units and compressors with suction units