

## Annual Service Checklist

Customer Site Address:

.....

.....

.....

.....

Equipment Make & Model: .....Serial Number: .....

### X-ray

| ✓                        | Item to check   |
|--------------------------|---|
| <input type="checkbox"/> | Confirm incoming voltage within acceptable range                                  |
| <input type="checkbox"/> | Check tensions, brakes, arms and mounting fixings are secure. Adjust as necessary |
| <input type="checkbox"/> | Confirm earthing on machine   |
| <input type="checkbox"/> | Complete tubehead calibration (where applicable)                                  |
| <input type="checkbox"/> | Check and verify safety alarms, error codes and audible signals operating         |
| <input type="checkbox"/> | Complete certificate and fit sticker  |