

# Problem Report

Subject: <b>CPI Equipment Status</b>	Fax #: 1 – 905 – 877 - 8320
From ( Company ):	Fax #:
Name:	Phone #:
Date:	Model :                      Serial:

## GENERAL QUESTIONS

1. Date event occurred?
2. Did failure / malfunction occur during a procedure?
3. Was the procedure delayed? If so how long?
4. Did the failure or malfunction result, or contribute to a serious injury to the patient or the healthcare personnel?
5. Was the patient or healthcare personnel exposed to unnecessary radiation?

1. Please explain the specific failure symptoms and your thoughts on the failure mechanism. ie. Does the problem appear in the high voltage oil tank, inverter section; DSS or cables and connectors? Is there any evidence of over heating?
2. How long has the unit been installed in this location?
3. Is the externally connected equipment the same as shown on the product description in the manual? <b>Yes __ No__</b>
4. What items are connected to the room interface assembly?
5. Record the last 5 error messages with times from the error log.
6. Did the supply fail during Fluoroscopic__ or during Radiographic__ exposure ? Specify the kVp _____ Time _____ mA _____
7. Prior to breakdown what was the usage?
8. Has there been any rework or modifications to the unit? <b>Yes__ No__</b> If Yes, please describe:

## X-RAY TUBE TYPE \_\_\_\_\_

1. Did the X-Ray tube arc when the unit failed? <b>Yes__ No__</b>
2. Were the High Voltage cables damaged:? <b>Yes__ No__</b>

## OPERATING ENVIRONMENT

1. Is the line voltage at the installation known? <b>Yes__ No__</b> If Yes, Line Voltage _____
2. Did the supply fail during any unusual weather conditions such as a thunderstorm? <b>Yes__ No__</b>
3. What is the normal ambient temperature around the equipment? _____