

5.8 Preventative Maintenance Checklist

The following Preventative Maintenance Checklist contains maintenance tasks to be performed by the users of this product, except where otherwise noted. If you are unable to understand these tasks, contact your provider or a qualified technician.

| Model Number: | Serial Number: | | | | | | |
|---|----------------|--|--|--|--|--|--|
| WEEKLY | | | | | | | |
| Record Date of Service. | | | | | | | |
| Record Elapsed Hours on Hour Meter. (Refer to Viewing Hour Meter in Maintenance.) | | | | | | | |
| Clean Air Intake Filter Screen | | | | | | | |
| Inspect Cabinet of Concentrator and AC Adapter for Damage. Do not use if damage is found. Return to Invacare for repair. | | | | | | | |
| Inspect Carry Bag Strap(s) and hardware for Damage. Replace strap or carry bag if damage found. | | | | | | | |
| Inspect Electrical Cords for Damage. Replace Electrical Cord if damage is found. | | | | | | | |
| Check for presence and legibility of all Labels. Replace Labels as needed. Refer to Label Locations. | | | | | | | |

Invacare® Platinum™ Mobile

| | | | | | | | |
|--|--|--|--|-----------------------|--|--|--|
| Model Number: | | | | Serial Number: | | | |
| EVERY 4,380 HOURS, EVERY 3 YEARS, AND BETWEEN PATIENTS, WHICHEVER COMES FIRST | | | | | | | |
| Check Oxygen Purity* | | | | | | | |
| Perform Functional Test* | | | | | | | |
| DURING PREVENTATIVE MAINTENANCE SCHEDULE AND BETWEEN PATIENTS | | | | | | | |
| Check Intake Filter Screen for damage. Replace carry bag if damage is found. | | | | | | | |
| Check/Replace Outlet Filter* | | | | | | | |

Inspection periods shown as hours is in reference to hours of concentrator operation since the last date of service. Refer to Viewing Hour Meter in Maintenance. Inspection periods shown as months or years is in reference to duration of time since the last date of service.

*To be conducted by provider or qualified technician. Refer to service manual.