



注意：请经销商、医院一定要签字盖章确认，否则此《球管安装调试报告》无效！

Please sign this report after installation by the hospital and distributor, otherwise the report is invalid.

一、基本信息/Basic Information:

Table with 4 columns: Hospital Name, Machine Type, Date Installed, Used Count, Fixed insert, Serial Number, Old Tube, Main Failure.

二、调试时间/Installation Time:

Table with 3 columns: Arrival Time, Finish Time, Departure Time.

三、调试记录/Installation Notes:

- 1. 注意：训管不需要做/Note: The tube Training does not need to be done;
2. 必做校正项目(每个项目无论成功与否都需留照)/Calibration items that must be operated...
3. 选做校正项目(每个项目无论成功与否都需留照)/Optional correction items...
4. 常用扫描协议条件: 头颅: ()kV()mA, 腹部: ()kV()mA, 胸部: ()kV()mA;
5. 单日平均病人量:()人, CT室空调制冷效果: ()正常 ()不正常, 制冷设置温度: ()°C;
调试结果: □成功/Success □失败/Fault (如调试失败, 请把球管发回厂家进行检测确认, 谢谢)

工程师签字 Engineer Sign, 联系电话 Telephone, 日期 Date

医院盖章 User Sign, 联系电话 Telephone, 日期 Date