MEDICAL EQUIPMENT ELECTRICAL SAFETY

For use of this form, see TB 38-750-2; the proponent agency is OTSG.

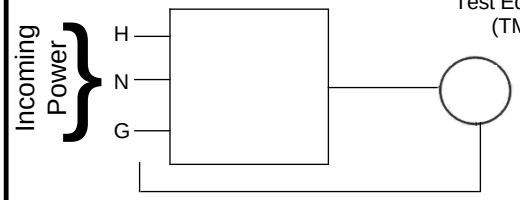
HOSPITAL/AREA/LOCATION:

END ITEM NOMENCLATURE:

MFR:	MDL:	SERIAL:	ECN:

TYPE OF EQUIPMENT: *(Check One)* ☐ PORTABLE (P) ☐ FIXED (F)

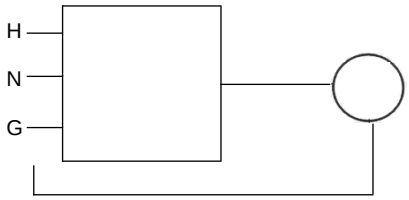
TEST I - GROUNDED RESISTANCE



P = 0.50 OHM

REMARKS:

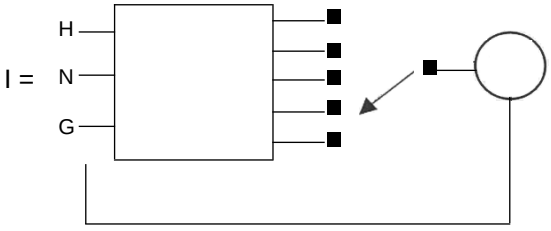
TEST II - CHASSIS LEACKAGE CURRENT

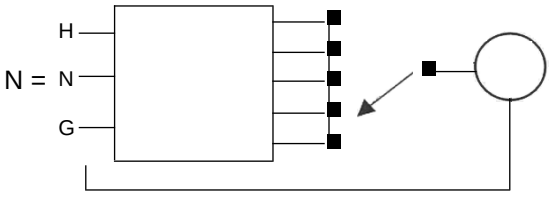


GROUNDED		GROUND OPEN	
ON	OFF	ON	OFF
P = N/A	F = 40Mv/500Mv	P = 300uA	F =5mA

PATIENT LEAD INPUT: *(Check One - Applies to Tests III, IV, & V)* ☐ ISOLATED (I) ☐ NONISOLATED (N)

TEST III - LEAD TO GROUND

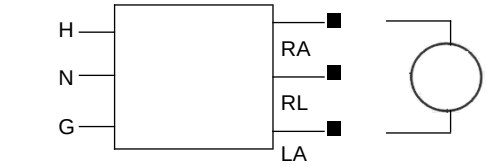




	I = 10uA	I = 50uA
RA		
LA		
RL	N/A	N/A
LL		
C		

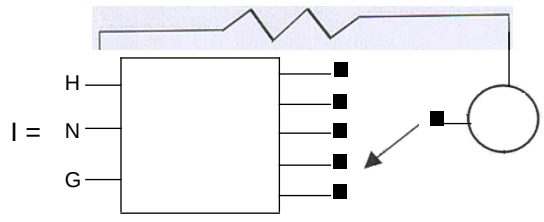
	I = 100uA	I = 100uA
	N/A	N/A

TEST IV - BETWEEN LEADS



	I = 10uA N = 50uA	I & N = 50uA
RA-RL		
LA-RL	N/A	N/A
RA-RL		

TEST V - ISOLATION TEST



	I = 50uA			
RA				
LA				
RL			N/A	N/A
LL				
C				

TESTED BY: *(Print or Type)*	GRADE/RANK:	DATE TESTED *(YYYYMMDD)*	WORK ORDER #:

INSTRUCTIONS FOR COMPLETING DA FORM 5621-R

GENERAL

HOSPITAL/AREA/LOCATION: Identify the owning medical treatment facility and location of the end item within the facility, i.e. Brooke Army Medical Center, Main OR, Room 3.
END ITEM NOMENCLATURE: Generic nomenclature for the end item.
MFR: The manufacturer of the end item.
MDL: The model number of the end item. Use the manufacturer's generic model identification rather than a catalog number.
SERIAL #: The serial number of the end item. If a component of the end item fails the performance test, indicate the components serial number in the REMARKS block.
ECN: Equipment Control Number or locally assigned index number.
TYPE OF EQUIPMENT: Check the appropriate block. Patient lead input refers to the way in which the patient connected leads are electrically connected to the equipment.
TESTED BY/DATE TESTED: Legibly print or type this information.
WORK ORDER #: The control number assigned to the work order initiated to correct the equipment safety failures identified during the performance test.

PERFORMANCE TESTING

The values indicated on this form are IAW NFPA 99, and indicate the maximum acceptable limits for each test and tested type of equipment. Additional instructions can be found in NFPA 99, Chapter 8.

ABBREVIATIONS: (Perform only those tests required by the appropriate type of equipment being tested. Refer to the abbreviations below.)

P - Portable Equipment.
I - Portable Equipment with Isolated Patient Connected Leads.
N - Portable Equipment with Nonisolated Patient Connected Leads.
F - Fixed Equipment.

PORTABLE EQUIPMENT W/O PATIENT CONNECTED LEADS.
Perform TEST I & II only. *
PORTABLE EQUIPMENT W/ PATIENT CONNECTED LEADS.
Perform TEST I thru V. * (Test III & V - the number of lead tests will depend on the type of equipment being tested i.e., 12 lead vs. 3 lead equipment. Use the REMARKS block if additional space is required to document the results.

FIXED EQUIPMENT.
Perform TEST I & TEST II - GROUND LIFTED during initial installation.
After initial installation periodically only perform Test II - GROUNDED (Critical Care Areas - 40mV; General Care Areas - 500mV).

* TEST II - GROUND LIFTED MAXIMUM LIMIT EXCEPTIONS:
Exception 1 - 250mA maximum acceptable limit when equipment is individually scheduled by serial number or index number for periodic testing.
Exception 2 - 500mA maximum acceptable limit when the equipment is special purpose; safety testing will be performed quarterly.