Physicians Biomedical Equipment Services

BIOMEDICAL EQUIPMENT

INSPECTION & TESTING MANUAL

"YOUR FACILITY"

May 11, 2026

(321) 953-5880
service@pbesbiomed.com
www.pbesbiomed.com

TABLE OF CONTENTS

"Your Facility" - May 11, 2026

This document contains the following sections:

CUSTOMER INFORMATION & INSPECTION OVERVIEW

"Your Facility" - May 11, 2026

CUSTOMER INFORMATION

Prepared For:	**"Your Facility"**
Address:	**"Your Address", "Your City", Your State"**
Report Date:	**May 11, 2026**
Technician:	**Aidan Dunigan**

INSPECTION OVERVIEW

5	5	0	0
Total	Passed	Failed	Pending

100% Pass Rate

DISCLAIMER

Every attempt was made at the time of inspection to ensure that each device is operating safely, and according to manufacturer recommendations. However, please note- "the operator" is responsible for ensuring the safety of this device each and every time before that it is used on a patient. PBES nor its employees are responsible for patient injury due to a malfunction of this equipment, nor due to an "operator error", nor an "error or omission" of PBES.

On May 11, 2026, Aidan Dunigan completed a scheduled biomedical equipment inspection at "Your Facility". A total of 5 devices were evaluated against NFPA 99, AAMI, and manufacturer safety standards covering electrical safety, performance, and visual condition.

> **Result: All 5 devices passed inspection.**

Next Inspection Due: May 2027

Based on a 12-month preventive maintenance interval

KEY FINDINGS

- No equipment failures were identified during this inspection cycle.
- 2 Tier 1 (critical-risk) devices are deployed at this facility and were prioritized during testing.

RECOMMENDATIONS

- Continue regular preventive-maintenance intervals based on each device's risk tier (Tier 1 highest priority).
- Retain this report and all attached records for regulatory, accreditation, and internal audit purposes.
- Refer to the PBES Inspection Standards & Procedures section at the end of this document for testing methodology and standards references.

EQUIPMENT SUMMARY

"Your Facility" - May 11, 2026

#	Equipment Type	Manufacturer	Model	Serial #	Location	Risk	Status
100	Patient Monitor	Mindray	Passport 12	123456789	Triage	T1	PASS
103	AED	ZOLL	AED Plus	123456789	Hall	T1	PASS
101	Autoclave / Sterilizer	Midmark	M11	123456789	Lab	T3	PASS
102	Exam Table	Midmark	204	123456789	-	T3	PASS
104	Scale	Health-o-meter	500KL	123456789	Hall	T3	PASS

RISK TIER BREAKDOWN

T1	**Tier 1 - Critical**	2 devices	*Failure could immediately threaten patient safety*
T2	**Tier 2 - High**	0 devices	*Failure may delay diagnosis or treatment*
T3	**Tier 3 - Moderate**	3 devices	*Minimal patient safety impact*
T4	**Tier 4 - Low**	0 devices	*Battery-operated or non-critical devices*

EQUIPMENT PROFILE

Control Number:	**100**	Device Name:	**Patient Monitor**
Manufacturer:	**Mindray**	Model:	**Passport 12**
Serial Number:	**123456789**	Location:	**Triage**
Inspection Date:	**May 11, 2026**		

T1 Tier 1 - Critical - Failure could immediately threaten patient safety

Electrical Safety Inspection completed per 2024 NFPA 99 and PBES ITM Program standards.
Applicable performance and functional tests were performed.

VISUAL INSPECTION

Check	Result
Physical Condition	PASS
Power Cord Integrity	PASS
Functional Condition	PASS

ELECTRICAL SAFETY (ESI)

Test	Value	Result
Ground Resistance	0.137 Ohms	PASS
Leakage Current (On)	55 uA	PASS
Leakage Current (Off)	55 uA	PASS
Overall ESI Result		PASS

FUNCTIONAL TESTING

Test	Value	Result
Leads Condition		PASS
ECG Simulation Result	60 BPM	PASS
NIBP Functionality		PASS
SpO2 Functionality		PASS
Accessory Condition		PASS
ECG Leadwire Leakage	3 uA	PASS
ECG Isolation Leakage	5 uA	PASS

FINAL STATUS: PASS

EQUIPMENT PROFILE

Control Number:	**103**	Device Name:	**AED**
Manufacturer:	**ZOLL**	Model:	**AED Plus**
Serial Number:	**123456789**	Location:	**Hall**
Inspection Date:	**May 11, 2026**		

T1 Tier 1 - Critical - Failure could immediately threaten patient safety

Electrical Safety Inspection completed per 2024 NFPA 99 and PBES ITM Program standards.
Applicable performance and functional tests were performed.

VISUAL INSPECTION

Check	Result
Physical Condition	**PASS**
Functional Condition	**PASS**

ELECTRICAL SAFETY (ESI)

Electrical safety testing not performed in accordance with NFPA 99 - device does not present a patient electrical-contact pathway requiring routine ESI verification.

FUNCTIONAL TESTING

Test	Value	Result
Energy Delivery (Joules)		
Expected 120 J	Delivered 120.4 J	**PASS**
Charge Time	3 s	**PASS**
Pad Expiration	Feb 2029	**PASS**
Accessory Condition		**PASS**

FINAL STATUS: PASS

EQUIPMENT PROFILE

Control Number:	**101**	Device Name:	**Autoclave / Sterilizer**
Manufacturer:	**Midmark**	Model:	**M11**
Serial Number:	**123456789**	Location:	**Lab**
Inspection Date:	**May 11, 2026**		

T3 Tier 3 - Moderate - Minimal patient safety impact

Electrical Safety Inspection completed per 2024 NFPA 99 and PBES ITM Program standards.
Applicable performance and functional tests were performed.

VISUAL INSPECTION

Check	Result
Physical Condition	PASS
Power Cord Integrity	PASS
Functional Condition	PASS

ELECTRICAL SAFETY (ESI)

Test	Value	Result
Ground Resistance	0.068 Ohms	PASS
Leakage Current (On)	12 uA	PASS
Leakage Current (Off)	12 uA	PASS
Overall ESI Result		PASS

FUNCTIONAL TESTING

Test	Value	Result
Accessory Condition		PASS

FINAL STATUS: PASS

EQUIPMENT PROFILE

Control Number:	**102**	Device Name:	**Exam Table**
Manufacturer:	**Midmark**	Model:	**204**
Serial Number:	**123456789**	Location:	**-**
Inspection Date:	**May 11, 2026**		

T3 Tier 3 - Moderate - Minimal patient safety impact

Electrical Safety Inspection completed per 2024 NFPA 99 and PBES ITM Program standards.
Applicable performance and functional tests were performed.

VISUAL INSPECTION

Check	Result
Physical Condition	**PASS**
Power Cord Integrity	**PASS**
Functional Condition	**PASS**

ELECTRICAL SAFETY (ESI)

Test	Value	Result
Ground Resistance	0.112 Ohms	**PASS**
Leakage Current (On)	11 uA	**PASS**
Leakage Current (Off)	11 uA	**PASS**
Overall ESI Result		**PASS**

FUNCTIONAL TESTING

Test	Value	Result
Accessory Condition		**PASS**

FINAL STATUS: PASS

EQUIPMENT PROFILE

Control Number:	**104**	Device Name:	**Scale**
Manufacturer:	**Health-o-meter**	Model:	**500KL**
Serial Number:	**123456789**	Location:	**Hall**
Inspection Date:	**May 11, 2026**		

T3 Tier 3 - Moderate - Minimal patient safety impact

Electrical Safety Inspection completed per 2024 NFPA 99 and PBES ITM Program standards.
Applicable performance and functional tests were performed.

VISUAL INSPECTION

Check	Result
Physical Condition	**PASS**
Functional Condition	**PASS**

ELECTRICAL SAFETY (ESI)

Electrical safety testing not performed in accordance with NFPA 99 - device does not present a patient electrical-contact pathway requiring routine ESI verification.

FUNCTIONAL TESTING

Test	Value	Result
Accessory Condition		**PASS**

FINAL STATUS: PASS

PRIMARY STANDARD

All electrical safety inspections were performed in accordance with the 2024 NFPA 99 Health Care Facilities Code and the Physicians Biomedical Equipment Services (PBES) Inspection, Testing & Maintenance (ITM) Program standards.

NFPA 99 - ELECTRICAL SAFETY INSPECTION (ESI) LIMITS

Test Parameter	Acceptance Limit	Result
Ground Wire Resistance	<= 0.500 ohm	PASS
Leakage Current (Normal Condition - On)	<= 500 uA	PASS
Leakage Current (Normal Condition - Off)	<= 500 uA	PASS
Patient Lead Leakage (where applicable)	Per NFPA 99 & device type	PASS

RISK TIER CLASSIFICATION (PBES ITM PROGRAM)

Tier	Description	Patient Safety Impact	Typical Inspection Interval
T1	Critical	Failure could immediately threaten patient safety	6 months
T2	High	Failure may delay diagnosis or treatment	6-12 months
T3	Moderate	Minimal patient safety impact	12 months
T4	Low	Battery-operated or non-critical	As needed

PERFORMANCE & FUNCTIONAL TESTING

Electrical Safety Inspection completed per 2024 NFPA 99 and PBES ITM Program standards. Applicable performance and functional tests were performed and passed. Tests not applicable to the specific device type are omitted.

VISUAL INSPECTION CRITERIA (ALL DEVICES)

* Physical condition and labeling
* Power cord integrity and strain relief
* Cleanliness and accessory condition
* Proper mounting / storage (where applicable)

ADDITIONAL NOTES

* All testing followed manufacturer recommendations where they do not conflict with NFPA 99.
* Devices without a patient electrical-contact pathway (e.g., refrigerators, fans, UPS units) received visual and functional verification only, consistent with NFPA 99.
* Full detailed test records are maintained by PBES and available upon request.

REFERENCE

This summary reflects the current PBES ITM Program aligned with The Joint Commission (TJC) EC.02.04.01 and CMS expectations. The complete program is available for review.

Prepared by: Physicians Biomedical Equipment Services **Date: May 11, 2026**

<- Back to Key Standards at a Glance

PROGRAM OVERVIEW

Physicians Biomedical Equipment Services, Inc. ITM Program for Medical Electronics: Biomedical Equipment Management Program: Policies and Procedures.

Reviewed: 01/01/2025
Revised: 01/01/2025

Definitions

* "I" - Inspection
* "T" - Testing
* "M" - Maintenance
* ITM is the patient-care equipment inspection, testing, and maintenance policy used to determine the electrical and mechanical safety of medical equipment used in hospitals, ambulatory healthcare facilities, and physician-office settings.

Overview of ITM Policy

* All equipment tested will be held to the strictest standards set forth by the 2024 NFPA 99 Code Handbook for Health Care Facilities, as well as other regulatory agencies including AAMI, ANSI, AHCA, JCAHO, IEC 60601-1, and any other applicable authority.
* This policy is established using the same organizational framework as the current 2024 NFPA 99 Health Care Facilities Code Book in order to maintain continuity and congruence with that code.

PATIENT-CARE ELECTRICAL MEDICAL APPLIANCES & EQUIPMENT

Policy #: 10.2 Performance Criteria for patient care related electrical medical appliances and equipment.

Definition

Patient care related electrical medical appliances and equipment are medical devices used in the vicinity of the patient and powered by alternating current (AC) or direct current (battery/DC). Such equipment may be directly connected to the patient, within reach of the patient, or in the same vicinity as the patient. Equipment may be portable or fixed depending on the application and the specific test being performed.

Each classification of equipment - fixed or portable, AC powered or DC powered - governs the standards to which that equipment type is held.

Policy #: 10.2.1 Permanently Connected - Fixed Equipment.

Patient-connected electrical equipment that is permanently fixed shall be grounded to the equipment grounding bus in the distribution panel by an insulated grounding conductor run with the power conductors.

Policy #: 10.2.2 Portable Equipment with fixed AC power cables.

All patient-connected electrical equipment with a permanently attached AC power cord that is not double insulated must have a three-wire Hospital-grade power cable with a three-pin grounding-type Hospital-grade plug.

Policy 10.2.2.1 - Grounding of appliances; i.e. - medical equipment.

All cord-connected electrically powered appliances that are not double insulated and are used in the patient care vicinity shall be provided with a three-wire power cord and a three-pin grounding-type plug.

Policy 10.2.2.1.2 - Double insulated appliances.

Double-insulated appliances shall be permitted to have two conductor cords and shall be rated as Class II devices.

Policy 10.2.2.2 Attachment Plugs.

Attachment plugs listed for the purpose shall be used on all cord-connected appliances.

Policy 10.2.2.3 Construction and Use.

The attachment plug shall be a two-pole, three-wire grounding type.

Policy 10.2.2.3.1 Appliances supplied by other than 120-V single-phase systems shall use the grounding-type plug (cap) appropriate for the particular power system.

Policy 10.2.2.3.2 The grounding prong of the plug shall be the first to be connected to, and the last to be disconnected from, the receptacle.

Policy 10.2.2.3.3 If screw terminals are used, the stranded conductor shall be twisted to prevent stray strands, but the bundle shall not be tinned after twisting.

Policy 10.2.2.3.4 If the conductor is not twisted, it shall be attached by an approved terminal lug.

Policy 10.2.2.3.5 The power cord conductors shall be arranged so that the conductors are not under tension in the plug.

Policy 10.2.2.3.6 The grounding conductor shall be the last one to disconnect when a failure of the plug's strain relief allows the energized conductors to be disrupted.

Policy 10.2.2.3.7 Strain Relief. A strain relief shall be provided on all medical grade AC power cords.

Policy #: 10.2.3 Portable Equipment with permanently affixed AC power cables.

All patient-connected electrical equipment with a permanently affixed AC power cord that is not double insulated must have a three-wire Hospital-grade power cable with a three-pin grounding-type Hospital-grade plug.

Policy 10.2.3.1.1 The flexible cord, including the grounding conductor, shall be of a type suitable for the particular application; listed for use at a voltage equal to or greater than the rated power line voltage of the appliance; and shall have an ampacity equal to or greater than the current rating of the device.

Policy 10.2.3.1.2 "Hard Service" (SO, ST, or STO), "Junior Hard Service" (SJO, SJT, or SJTO), or equivalent listed flexible cord shall be used, except where an appliance with a cord of another designation has been listed for the purpose.

Policy 10.2.3.2 Grounding Conductor on a permanently affixed medical grade AC power cord.

* Policy 10.2.3.2.1 Each electrical appliance shall be provided with a grounding conductor in its power cord.
* Policy 10.2.3.2.2 The grounding conductor shall be not smaller than 18 AWG.
* Policy 10.2.3.2.3 The grounding conductor of cords longer than 4.6 m (15 ft) shall be not smaller than 16 AWG.
* Policy 10.2.3.2.4 A grounding conductor in the power cord shall not be required for double-insulated appliances.

Policy #: 10.2.3.3 Portable Equipment with a detachable AC power cable.

This policy covers medical equipment devices, or appliances that are used in the patient environment. All portable medical equipment with a detachable AC power cable shall also meet standards 10.2.3.1.1, 10.2.3.1.2, 10.2.3.2.1, 10.2.3.2.2, 10.2.3.2.3, and 10.2.3.2.4, which govern permanently affixed power cords.

* Policy 10.2.3.3.1 A detachable power cord shall be permitted if an accidental disconnection would not present an unacceptable hazard or risk to the patient, or if a mechanism that reliably prevents inadvertent disconnection is used.
* Policy 10.2.3.3.2 Detachable power cords shall be designed so that the grounding conductor is the first to be connected and the last to be disconnected.
* Policy 10.2.3.3.3 The cord set to the appliance shall be listed for the purpose and shall have sufficient conductor ampacity to exceed the current demand of the medical device.

Policy 10.2.3.4 Procedure or Operating rooms that are on Isolated Power.

All medical equipment devices or appliances used in the patient environment that is on isolated power shall meet all of the previous standards and requirements of Policy 10.2.

Policy #: 10.2.3.6 Relocatable Power Taps (RPTs).

* The RPT must meet UL-1363A or UL 60601-1 construction requirements and must be labeled accordingly.
* All receptacle outlets and plugs used on the RPT must be Hospital-grade.
* RPTs must meet the same grounding and electrical leakage requirements as a single medical equipment device detailed in Policy 10.3.1 and 10.3.3.
* The ground wire resistance of the RPT must be less than 0.500 ohms.
* The leakage current of the RPT must be less than 500uA micro-amps.
* RPTs are permitted to be rack-mounted, pole-mounted, table-mounted, pedestal-mounted, or cart-mounted provided they meet the grounding and electrical leakage requirements for medical devices detailed in Policy 10.3.1 and 10.3.3.

* RPTs may be fixed mounted to a rack, pole, table, pedestal, or cart.
* RPTs may be portable and are permitted provided a unique identifier, such as a control number, is affixed for inventory control and testing identification purposes.

Policy #: 10.2.3.6 RPT - Policy Detail.

1. The RPT is securely attached.
2. The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the RPT.
3. The ampacity of the flexible cord is suitable to provide for the sum of the ampacity of the devices plugged into the RPT.
4. The RPT attachment plug must not be connected to another RPT or extension cord.
5. The electrical and mechanical integrity of the assembly and its securement method are regularly verified and documented at the same intervals as the equipment plugged into it.

Note: "Daisy chaining" RPTs with other extension cords, or another RPT, is expressly prohibited. Only one such device can be incorporated into a cart or tower.

Policy #: 10.2.3.7 Isolation Transformers.

If the grounding and electrical leakage requirements for medical devices detailed in Policy 10.3.1, 10.3.2, and 10.3.5 cannot be met utilizing an RPT on an equipment system, an isolation transformer must be employed to allow the grounding and electrical leakage currents to fall below those requirements.

Policy #: 10.2.3.8 Double-insulated Equipment.

Double-insulated equipment includes equipment or appliance items where the primary means of electrical isolation to the patient is not derived from a grounding conductor but through the use of insulation and separation spacing that isolates the risks of electrical shock through the construction of the inner and outer cases. Such equipment must meet the 510-K standard, be designated accordingly, and bear a double-square imprint on the device case.

Double-insulated equipment shall be permitted to have a two-conductor power cord provided the device bears the double-square imprint in the case of such a device.

PBES TESTING REQUIREMENTS

Policy #: 10.3 Testing requirements for the electrical safety inspection of patient-care related electrical medical equipm

Policy #: 10.3.1 Physical Integrity

The physical integrity of the power cable assembly composed of the power cord, attachment plug, and cord strain-relief shall be confirmed by a visual inspection.

The PBES medical device equipment inspector will look for frayed cords, broken insulation, cracked or cut insulation, exposed wires, bent pins on the three-wire attachment plug, and similar defects. Any such condition requires replacement of the power cable assembly or of the attachment plug, depending on which item failed inspection.

Policy #: 10.3.2 Ground Wire Resistance requirements.

The ground wire resistance limits for permanently fixed AC power cables, or for detachable AC power cables, is 0.500 ohms or less on all new or existing equipment.

Testing procedure:

1. The cord shall be flexed at its connection to the attachment plug or connector.
2. The cord shall be flexed at its connection to the strain relief on the chassis.

Policy #: 10.3.4 Electrical Leakage Current requirements - ("Touch" current) for "fixed equipment"; i.e., permanently mo

Note: "touch" current is synonymous with leakage current.

The leakage current flowing through the ground conductor of the power supply connection to ground of permanently wired appliances installed shall not exceed 10.0 mA (milli-amps) with all grounds lifted.

Policy #: 10.3.5 Electrical Leakage Current requirements - ("Touch" current) for "portable equipment".

The electrical leakage current will be tested in normal polarity only. The electrical leakage current limits for portable patient care medical equipment shall be less than 500 uA (micro-amps) with normal polarity and with the ground connecter lifted; i.e., disconnected.

Policy #: 10.3.6 Electrical Leakage Current requirements for patient leads and lead-wires.

Equipment such as patient monitors, EKG machines, defibrillators, IABP machines, EEG machines, and similar devices have lead wires that attach to the patient and create a direct electrical pathway to the patient's heart.

* With all leads and lead-wires connected together and the device powered ON, leakage current shall be less than 100 uA (micro-amps) with ground switch closed; i.e., ground intact.
* With all leads and lead-wires connected together and ground switch open, leakage current shall be less than 500 uA (micro-amps).
* Lead and/or lead-wire isolation testing shall be less than 100 uA (micro-amps).

Policy #: 10.3.7 Multiple equipment systems.

Multiple equipment systems, also known as equipment carts or equipment towers, are systems housed in a single enclosed cart or tower and powered from a single AC power cable or RPT. These systems must meet the following standards.

Policy #: 10.3.7.1 Ground Wire Resistance requirements.

The ground wire resistance limits for multiple equipment systems housed in a single enclosed cart or tower and powered from a single AC power cable or fixed-mounted RPT is 0.500 ohms or less on existing equipment.

Policy #: 10.3.7.2 Electrical Leakage Current requirements.

The electrical leakage current will be tested in normal polarity only. The leakage current limits for multiple equipment systems housed in a single enclosed cart or tower powered from a single AC power cable or fixed-mounted RPT shall be less than 500 uA (micro-amps) with the ground connecter lifted; i.e., disconnected.

Special Note on "touch" current limits for multiple equipment systems, and the use of an "Isolation Transformer".

If the touch current limits for the entire multiple equipment system exceed the 500uA micro-amp limit, an isolation transformer capable of supplying the overall ampacity necessary for the system must be employed. Once installed by the vendor, the multiple equipment system must be re-inspected and tested by biomedical staff to ensure that the isolation transformer and the system powered ON remain below the 500uA micro-amp limit.

Policy #: 10.3.8 GFI Outlet, or GFCI Outlet receptacle testing.

Optional Coverage - this is not included in the standard PBES contract unless specified in writing in the customer's agreement.

Wherever GFI or GFCI circuit protection is required and employed in a facility, those receptacles must be inventoried and must be tested by an Electrician or PBES medical device equipment inspector on an annual basis.

The receptacle shall be tested with a certified GFI/GFCI circuit tester and must trip, or interrupt the power, whenever the magnitude of the ground-fault is at 6 mA - milli-amps or higher for Class A GFCIs.

* Each receptacle shall be an individual GFI device.
* Each receptacle shall be individually protected by a single GFCI device.

NON-PATIENT CARE EQUIPMENT & TEST INTERVALS

Policy #: 10.4 Non-patient care electrical equipment and appliances that are or may be used in the patient vicinity.

Non-patient care electrical equipment, including facility-owned or patient-owned items such as radios, CD players, laptops, MP3 players, iPods, cell phone chargers, coffee makers, toasters, and microwaves, are the responsibility of facility staff to visually inspect for proper functionality before allowing those devices into the patient environment.

Unless otherwise requested by the facility in writing in the Biomedical Equipment Maintenance Contract with PBES, the inspection of non-patient care related equipment used in the patient environment that is privately owned or facility owned remains the responsibility of the customer and is not covered in the standard contract.

If, however, the customer's contract with PBES provides for such testing, the following standards will be enforced.

Policy #: 10.4.2.2 Testing of non-patient care electrical equipment

Any non-patient care electrical equipment, whether facility owned or patient owned, shall be visually inspected for proper functionality. Equipment appearing not to function properly must be immediately removed from service. Any power cords or cables with frayed insulation or cracked insulation must also be removed from service immediately.

Policy #: 10.4.2.3 Double-insulated non-patient care electrical equipment

Double-insulated equipment must meet the 510-K standard, be designated as such, and bear a double-square imprint in the case. If such designation is present, the device may be used in the patient environment as long as it passes visual inspection and the integrity of the power cables supplying power to the device are intact.

Policy #: 10.5 Administration of Testing Intervals.

Types of tests performed:

* Visual Inspection
* Electrical Safety Testing
* Performance Testing

Policy #: 10.5.1 General Patient Care Locations.

General patient care locations are non-high-risk patient locations. Equipment in these areas will have a minimum of one inspection per year; i.e., an annual inspection interval.

Policy #: 10.5.2 Critical Care Patient Locations.

Critical care patient locations are deemed high-risk and include wet locations, areas where general anesthesia is administered, oxygen-enriched environments, and environments where there is a high-risk to the patient due to the patient having lead-wires physically attached to the body or being catheterized, or where the patient's electrical safety is compromised by the procedure being performed.

* Wet locations: locations where ample water or liquids are present, such as cysto rooms, treatment rooms, procedure rooms, and endoscopy suites.
* General anesthesia is administered: operating rooms, anesthesia suites, and procedure rooms.
* Oxygen-enriched environments: hyperbaric rooms, recovery rooms, operating rooms, treatment rooms, procedure rooms, endoscopy suites, and patient rooms where oxygen is administered.
* High-risk environments: surgery suites, PACU / recovery, cath labs, cardioversion suites, implant rooms, and rooms where internal defibrillators, pacemakers, or urological implants are inserted.

Policy #: 10.5.2.1 Testing intervals for Critical Care Patient Locations.

All patient care related equipment or non-patient care related equipment located in high-risk areas defined as critical care patient locations will have a minimum of two inspections per year; i.e., a semi-annual inspection interval.

General notes on testing intervals throughout a single facility

A single facility may have a portion of the equipment inventory classified in general patient care areas and a portion classified in critical patient care areas.

The PM interval, also known as the inspection interval, is given in months - typically either 6 or 12 - and will be noted in the Biomedical Equipment Inventory that PBES provides to the customer with the Biomedical Equipment Testing annual contract.

From the PM interval, the location classification can be determined: 6 months for critical patient care locations and 12 months for general patient care locations.

Policy #: 10.5.5 Testing intervals and standards for Laboratory equipment.

Laboratory equipment, or lab equipment, is defined as a non-patient care location and therefore has a non-high-risk to the patient classification. Laboratory equipment will have a minimum of one inspection per year; i.e., an annual inspection interval.

The electrical safety limits will be governed by the same limits as patient care equipment in the general patient care location and the critical care patient location.

Ground wire resistance limits: 0.500 ohms or less on new or existing equipment.

Electrical leakage current limits: 500uA (micro-amps).

If the touch current limits exceed the 500uA micro-amp limit for the laboratory equipment system, an isolation transformer capable of supplying the overall ampacity necessary for that system shall be installed to protect the equipment operator.

Conclusion

The ITM Program for Medical Electronics developed by PBES, Inc. has been designed to meet all regulatory agencies such as AAMI, ANSI, AHCA, JCAHO, IEC 60601-1, and any other applicable authority. The standards utilized in this policy have been derived from the 2024 NFPA 99 Code Handbook for Health Care Facilities.

The ITM Program for Medical Electronics developed by PBES, Inc. has been designed to protect the staff and the patient at the facilities to which our company provides Biomedical Equipment Testing, while also ensuring electrical safety for visitors who may be in the vicinity during treatment or recovery.

The ITM Program for Medical Electronics developed by PBES, Inc. has been designed to maintain inspected medical equipment to the standards and compliance mandated by the manufacturers of such equipment. In each case, those manufacturer recommendations for maintenance and safety requirements will be met.

If any ambiguity arises between the manufacturer's standards and the standards set forth by the 2024 NFPA 99 Code Handbook for Health Care Facilities, the strictest standards shall be met so as to ensure the safest possible experience for the patient, staff, and visitors to the health care facilities which PBES, Inc. inspects and services.