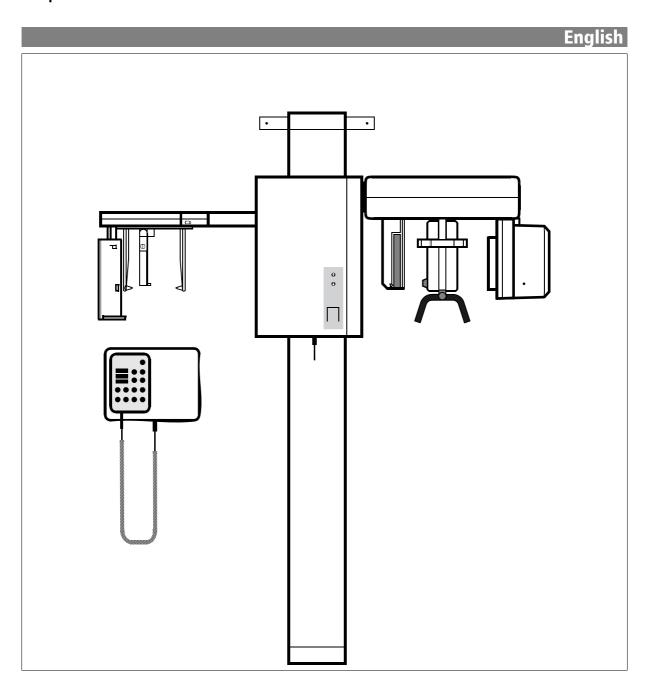


ORTHOPHOS 3 / 3 Ceph ORTHOPHOS 3 DS / 3 Ceph with upgrade Kit

Inspection and maintenance



Dear customer

You would like to have and will have many years of satisfaction with your **Sirona** X-ray unit.

Safety and reliability are necessary to ensure this.

Your dental dealership offers you service by specially trained engineers for this purpose.

The maintenance should ensure that your product is permanently safe and operational. All components subject to normal wear and tear are checked and, if necessary, replaced. Maintenance work may be performed by the operator only if this is described on the part of Sirona Dental Systems GmbH, otherwise only authorized service engineers of Sirona Dental Systems GmbH or its authorized dealers may be entrusted with the work.

In case you have not concluded a maintenance contract, please contact the customer service department of your dental dealership.

The performed maintenance must be documented in this document, which must be kept with the unit.

We wish you much success and pleasure with your quality product

from **SIRONA Dental Systems**.

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1

Yearly inspection by the system owner

Inspection and maintenance must be performed at predetermined intervals to guarantee the health and safety of all patients, users and third parties.

In order to guarantee the operational safety and reliability of your product, you as the **system owner should check your unit through at least once a year** or commission your dental depot to do so.

In addition, your dental depot offers you maintenance of the system by specially trained engineers; see **Chapter 2 "Maintenance by the service engineer"**.

All inspection and maintenance work performed by the system owner and/or service engineer must be recorded in this document and kept near the unit!

If one or more checks to be performed do not lead to satisfactory results, please contact your dental depot.

1.1 Technical documents

Technical documents		A	Inswer	quest	ions wi	th yes	(√) or	no (-)	
Date (please enter month/year)									
Operating Instructions available?									
Installation Instructions available?									
On-site installation, dimensions, technical data available?									
Installation Report / Warranty Passport available?									
Declaration of Conformity by system integrator available?									
X-ray System Logbook available (for Germany only)?									

If no

○ Order missing documents from your dental depot.

1.2 System accessories

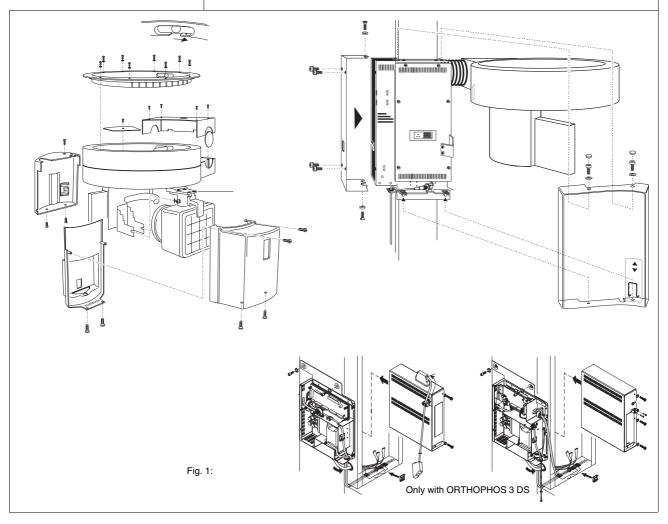
System accessors Not all accessors the scope of su	essories (see Operating ories listed here may be i upply.	g Instruc ncluded	tions) in	A	Inswer	questi	ons wi	th yes	(√) or	no (-)	
Date (please	enter month/year)										
	Needle phantom available?										
	Test phantom available?										
0	Special wrench available?										
	Adjusting tool available?										
	Bite block, yellow available?										
	Contact segment, yellow available?										
	Localizer avai- lable?										
<u>o</u>	Ear holders available?										
	FH-positioner available?										
W	Contact support piece available?										

If no \Rightarrow Order missing accessories from your dental depot.

1.3 Surfaces of the unit

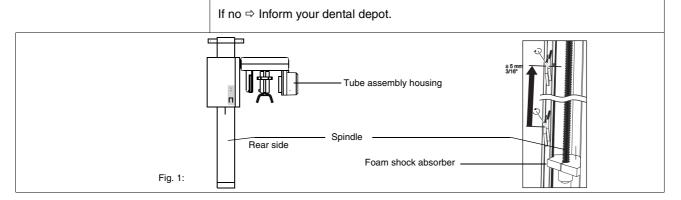
Cover parts		A	Answer	quest	ions wi	th yes	(√) or	no (-)	
Date (please enter month/year)									
All cover parts attached at X-ray unit (Fig. 1)?									
All screws on unit housing available?									
No cover parts damaged (no surface damages, e.g. scratches)?									
All cover parts in clean condition? Clean X-ray unit with the recommended cleaning agents (see Operating Instructions).									

If no \Rightarrow Inform your dental depot.



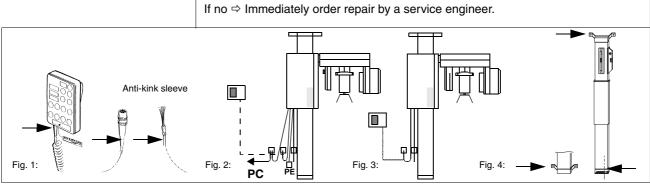
1.4 X-ray unit

X-ray tube assembly and stand c	onditio	n	A	nswer	questi	ions wi	th yes	(√) or	no (-)	
Date (please enter month/year)										
Tube assembly housing palpably/ visibly oil-free (Fig. 1)?										
Drive spindle free from foreign objects and lubricated (Fig 1)?										
Foam shock absorber available (Fig 1)?										



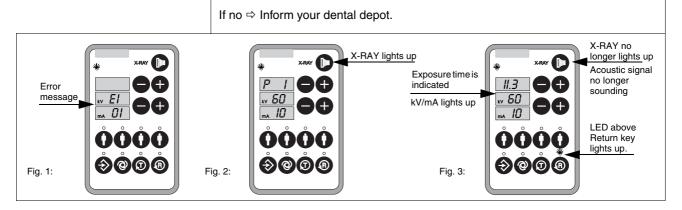
1.5 System safety

Safety		A	Answer	quest	ons wi	th yes	(√) or	no (-)	
Date (please enter month/year)									
Coiled cable with strain relief and anti-kink sleeve OK (Fig. 1)?									
Power cable free of damage (Fig. 2)?									
Control cable free of damage (Fig. 3)?									
All screws used for attaching the X-ray unit to the wall and floor tight (Fig. 4)?									
For Japan only: Is the unit immediately switched off when the emergency shutdown switch is activated?									



1.6 Exposure safety

Exposure safety		A	Answer	quest	ions wi	th yes	(√) or ⊨	no (-)	
Date (please enter month/year)									
No repeated occurrence of a certain error message (Fig. 1)?									
Optical and acoustic signal present when radiation is released (Fig. 2)?									
Exposure is immediately interrupted when radiation button is released prematurely, X-RAY display no longer lights up(Fig. 3)?									



1.7 Key functionality

Key functionality	Answer questions with yes (✓) or no (-)
Date (please enter month/year)	
Membrane foil of the height adjustment buttons and multitimer keys without cracks or holes (Fig. 1)?	
All numbers and letters on the multitimer show up completely?	
	If no ⇒ Inform your dental depot.
Fig. 1:	

1.8 Light localizer functionality (if present)

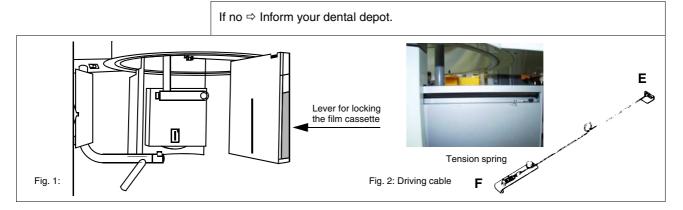
Light localizer		Į.	Answer	questi	ions wi	th yes	(√) or	no (-)	
Date (please enter month/year)									
Vertical and horizontal light beam visible (Fig. 1)?									
Position of the horizontal light beam can be adjusted?									

Vertical and horizontal light beam

Fig. 1:

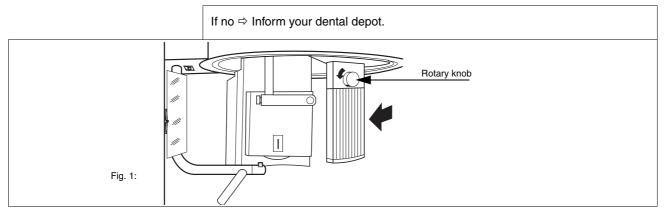
1.9 Film cassette holder functionality

Film cassette holder		ı	Answer	questi	ons wi	th yes	(√) or	no (-)	
Date (please enter month/year)									
Lever locks when film cassette is inserted (Fig. 1)?									
Cassette holder driving cable free of damage and not spliced (Fig. 2)?									



1.10 Image receptor functionality

Image receptor		P	Answer	quest	ions wi	th yes	(√) or	no (-)	
Date (please enter month/year)									
Image receptor can be removed and turned in easily (Fig. 1)?									
Image receptor fits snugly in the guide?									



1.11 Image quality

Image quality		P	Answer	questi	ions wi	th yes	(√) or	no (-)	
Date (please enter month/year)									
Typical exposure parameters are not adjusted in order to achieve a constant image quality?									

If no ⇒ Inform your dental depot.

1.12 Height adjustment functionality

Height adjustment	Answer questions with yes (✓) or no (-)
Date (please enter month/year)	
Acoustic signal sounds when height is adjusted?	
Height adjustment works without jolting and without atypical running noises (e.g. clacking, scuffing)?	

If no ⇒ Inform your dental depot.

1.13 Documenting your yearly inspection

The undersigned confirms that he/she has checked the unit for the above criteria and that he/she has informed the competent dental depot in case of any defects.

Year	Inspection date:	Name:	Signature:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

2

Maintenance by the service engineer

General information for the service engineer

For performing maintenance work, the ORTHOPHOS 3 / 3 Ceph / DS Service Manual

(Order No. 58 35 744) is indispensable. All measures which are required for maintenance are described there in Chapter "Maintenance" on page 1.

Furthermore, the Operating Instructions which have been supplied together with the unit are required.

NOTE



In addition to the yearly inspection by the system owner or persons authorized by him/her, preventive maintenance has to be performed after 4, 7, 10 years and afterwards every two years.

Should it be necessary to replace defective components along with parts subject to wear, this must be agreed previously with the customer or dental practice staff.

If components bearing a serial number are replaced, the new serial number must be recorded in the table in Chapter 2.4, "Serial numbers of the system".

Discontinuation of spare part deliveries:

For each system, the spare part deliveries are discontinued after a certain period of time. The system owner will be responsible for safety-relevant failures of systems which continue in operation after that time and can no longer be serviced due to missing spare parts.

2.1 Customer data

Customer	
Last name:	
First name:	
Street:	
Post code / city:	
Phone:	

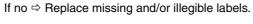
2.2 Checking the records

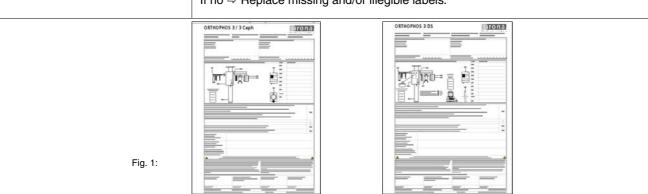
Checking the records of the yearly inspection by the system of		Answer questions with yes (✓) or no (-)								
Maintenance interval (after years)	4	7	10	12	14					
Date (enter month/year)										
Yearly inspection by the system owner has been performed (see Chapter 1)?										
Records are complete?										
All questions answered with yes?										
All work which has led to a negative result during the checks have been performed?										

If no \Rightarrow Perform yearly inspection prior to maintenance.

2.3 Labels on the system

Comparing labels on the system Installation Report / Warranty Pa	with ssport			Answer questions with yes (✓) or no (-)						
Maintenance interval (after years)	4	7	10	12	14					
Date (enter month/year)										
All labels according to Installation Report / Warranty Passport affixed (Fig. 1)?										
All labels legible?										





2.4 Serial numbers of the system

Please enter new Serial No. h	ere when replacing a compo	nent:
X-ray unit	Date	Signature
Serial No. (at initial start-up)		
Serial No.		
Serial No.		
X-ray tube assembly	Date	Signature
Serial No. (at initial start-up)		
Serial No.		
Tube	Date	Signature
Serial No. (at initial start-up)		
Serial No.		
Multitimer	Date	Signature
Serial No. (at initial start-up)		
Serial No.		
Serial No.		
Serial No.		
Ceph	Date	Signature
Serial No. (at initial start-up)		
Serial No.		
Serial No.		
Image receptor	Date	Signature
Serial No. (at initial start-up)		
Serial No.		
Serial No.		
Test phantom	Date	Signature
Serial No. (at initial start-up)		
Serial No.		
Serial No.		

2.5 Functional test

Prior to starting with maintenance work, a functional test must always be performed.

In doing so, it is helpful to read out the error messages, if present.

Refer to Chapter 5.1, "Selecting Service routines".

Inform the customer or dental practice staff about any defects you have detected.

Checking the system functions (observe Operating Instructions)				Answe	r questi	ons with	yes (✓)	or no (-)	
Maintenance interval (after years)	4	7	10	12	14					
Date (enter month/year)										
No atypical running noises audible? See chapter 7.1										
Drive spindle free from foreign objects, drive spindle lubricated, foam shock absorber attached? See chapter 7.1										
Jolt-free fine positioning possible?										
Correction switch for height adjustment functioning?										
Acoustic signals audible?										
Forehead support mounted vertically? See chapter 7.2										
Temple supports can be adjusted easily and symmetrically? See chapter 7.2										
With Ceph only Diaphragm wheel can be rotated and engages perceptibly? See chapter 7.3										
Film cassette Cassette holder engages securely in both end positions? See chapter 7.4										
Cassette holder driving cable is free of damage?										
Image receptor Image receptor can be screwed in and out easily and fits snugly in its guide? See chapter 7.5										
Light localizer adjustable? See chapter 7.6										
Cephalometer, conventional Head support can be rotated? See chapter 7.7										

2.6 Assessing X-ray exposures

Ask to be shown the most recent X-ray exposures taken by the dentist (film or digital).

Assessing X-ray exposures			Answer questions with yes (✓) or no (-)									
Maintenance interval (after years)	4	7	10	12	14							
Date (enter month/year)												
Unexposed surrounding border present? See chapter 7.8												
Exposure sharp (in case of films, observe processing conditions)?												
Density of X-ray image OK (observe position of density switch; in case of film, observe processing conditions)?												
	If no ⇨	Correct	fault.									

2.7 Checking the tube data

Checking the tube data		Answer questions with yes (\checkmark) or no ($\frac{\cdot}{\cdot}$)								
Maintenance interval (after years)	4	7	10	12	14					
Date (enter month/year)										
Actual kV/mA values and preheating OK? See chapter 7.9										
	If no ⇨	Correct	fault.	*		•	,	•	•	•

2.8 Diaphragm check

Perform diaphragm check also with Cephalometer, if present.

Performing diaphragm check				Answe	er questi	ions wit	h yes (√) or no (-)	
Maintenance interval (after years)	4	7	10	12	14					
Date (enter month/year)										
ORTHOPHOS 3/3 Ceph Test phantom exposure/needle phantom exposure correct? See chapter 7.10										
ORTHOPHOS 3 DS/ 3 Ceph with upgrade Kit Test phantom exposure/needle phantom exposure correct? See chapter 7.11										
	If no ⇨	Correct	fault.			•			•	

2.9 Checking the cables for damage

Checking the cables				Answe	er questi	ions wit	h yes (√) or no (-)	
Maintenance interval (after years)	4	7	10	12	14					
Date (enter month/year)										
Power cable OK? See chapter 7.12										
Protective ground wire OK?										
Control cable OK?										
Data transfer cable OK?										
	If no ⇨	Correct	fault.							

2.10 Safety checks

Move unit to working height. Switch power OFF at the main switch for the building installation or disconnect the power plug. Remove covers from the unit.

Performing safety checks	Answer questions with yes (✓) or no (-)											
Maintenance interval (after years)	4	7	10	12	14							
Date (enter month/year)												
Grounding straps have complete and firm contact? See chapter 7.13												
Cable shielding OK? See chapter 7.14												
Light barrier housing properly attached and free of damage? See chapter 7.15												
Ring cable free of damage or signs of wear? See chapter 7.15												
Prestress of flat belt on rotation motor M1 sufficient? See chapter 7.16												
Counterbalancing disk on rotation motor M1 properly attached?												
Protective ground wire resistance complies with specifications? See chapter 7.17												
Protective ground wire connections properly attached?												
Unit's leakage current complies with specifications? See chapter 7.17												
	If no ⇔	Correct	fault	I	1	I	1	I	1			

If no ⇒ Correct fault.

2.11 Final work

Final work (observe Operating Instructions)	Answer questions with yes (✓) or no (-)								
Maintenance interval (after years)	4	7	10	12	14				
Date (enter month/year)									
System cleaned?									
If no ⇒ Clean system.									

2.12 Documenting maintenance work

The undersigned confirms that he/she has checked the unit for the above criteria and that he/she has handed over the unit in fully functional condition.

Date of maintenance	Name of engineer	Signature of engineer

Space for remarks

We reserve the right to make any alterations which may be required due to technical improvements.

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