

DEPARTMENT OF **HEALTH**

DEP REPAIR AND MAINTENANCE JOB SHEET									DEP RM-2
R&M Contractor to complete and forward to DEP Work Unit with invoice									
Date of Reque	st: 2	24 / 09 / 2025	DEP Order Number/Job Number: JN-2025-0					5-09-881	
Date of Repair	: 2	24 / 09 / 2025 DEP 'T' Number:			T-4512				
CLIENT DETAILS									
Given Names: Jane Surname: Harrison									
Contact Phone: 08899900555 Address: 45 Mitchell, Darwin, NT 800									
Location of Repairs: Same as address									
State the R&M Request: The control remote for the hospital bed is not working. The head adjustment function is unresponsive.									
EQUIPMENT DETAILS									
Equipment Type: Engine Serial No: SN-MCP300-789456									P300-789456
Equipment Brand/Make/Model: MetCare Pro / MCP-300									
JOB DETAILS									
Works above \$300 for non-powered and \$500 for powered nominated equipment items require a quote to DEP. If equipment is deemed as irreparable, complete Job Sheet and notify DEP for arrangements to return equipment.									
Prior To Commencing Work - Is a quote to DEP required? ☐ Yes ☐ No									
If Yes , send quote to DEP. Date quote sent: / / N/A If No , proceed with job									
DEP Approval Received?									
Description of work performed:									
Tested the control remote and found a faulty connection in the cable. Replaced the 8-pin connector head on the remote's cable. Tested all bed functions (head, foot, and height adjustment) to confirm they are now fully operational.									
TIME RECORD									
Date		25/09/2025							
Start		10:00 AM							
Finish		10:45 AM							
Time Taken		45 minutes							
MATERIALS USED									
Date	Item Description (f used other parties please give details and company name)			ils and	QTY	Cos \$	t Tot \$		rce P Parts / New / Other)
25 / 09 / 2025	8-pin Door Control Connector				1	15	5.50 15	.50 New	I
/ /									
/ /									
/ /									
Total \$, Materials =									
Technician Name: David Chen									
								Date	e: 25 / 09 / 2025
Client / Carer Name (verifying work undertaken): Jane Harrison									

DEPARTMENT OF **HEALTH**

Signature: Date: 25 / 09 / 2025