**MEDICAL EQUIPMENT TECHNICAL REPORT**

**Asset Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Asset Tag Number | | | AMU / Station | | | Asset Description | | |
|  | | |  | | |  | | |
| Manufacture | | | Model | | | Serial Number: | | |
|  | | |  | | |  | | |
| **Work Order Category** | | | | | | | | |
| Preventive Maintenance | | | Faulty Unit | | | Installation | | |
| □ | | | □ | | | □ | | |
|  |  |  |  |  |  |  |  |  |
| **Complaint or Action Details** | | | | | | | | |
| Date of event: | | | |  | Date of awareness: | | | |
| Initial Inspection & Comments by NA Biomedical Engineer: | | | | | | | | |
|  | | | | | | | | |
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|  | | | | | | | | |
| Actioned Solved Internally | | | |  | Report to Supplier | | | |
| □ | | | |  | □ | | | |
| Actions & Comments by Supplier/ Service Provider: | | | | | | | | |
|  | | | | | | | | |
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|  | | | | | | | | |
| NA Biomedical Engineer Decision: | | | |  |  |  |  |  |
| Approved | | | Rejected | | | Need further assessments | | |
| □ | | | □ | | | □ | | |
| Further comments:…....................................................…..…………..............................................…..…………… | | | | | | | | |
| Date of Completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |  |
| NA Engineer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Asset Team By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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