# PUF501 MEDICAL EQUIPMENT FAULT REPORT FORM

## FOR USE BY NA EMPLOYEES REPORTING FAULTS TO EQUIPMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reporting Person** |  | | | | | | **Contact No:** | |  | | | |
| Station/Location |  | | | | | | **Employee number** | |  | | | |
|  | | | |  |  | | | | | | |  |
| NA Unit Number | | |  | | | | | | | | | |
| **Has equipment been removed from service?** | | | **Yes**  **No** (**please indicate one)** | | | | | | | | | |
| **Type Of Equipment/Model** | | |  | | | | | | | | | |
| **Equipment Serial Number** | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Please describe the problem or fault.** | |  | | | | | | | | | | |
| **Did the Equipment Fail during patient contact?** | | YES / NO | | | | Incident Report Form Completed | | | | | YES / NO | |
| **C****urrent location of unit or equipment** | |  | | | | Dated | |  | | Time | |  |

**ACTION REQUIRED**

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| The completed form should now be E-MAILED to the Duty Manager/Communication Centre  (A copy also needs to printed and attached to the faulty equipment or vehicle)  **EMT Lead name :**  **Station Manager name :**  **FOLLOW UP BY…………………………………**  Date notification received …/…../… Action taken …………………………………… Date …/…/…  Equipment Repair location & Contact Person……………………………………………………………….  Comments:  Repaired by ……………………………. Date .../.../… |