

INITIALS: _____

Pre-Delivery Inspection

Date: _____

1. Fill in Work Order No.: _____;

Verify that WO has an EQUIPMENT ID# (ENTRY NUMBER): _____;

Identify the most appropriate EQUIPMENT CATEGORY name from the existing list of Biomedical Engineering equipment category names. Fill in the equipment category name below. If no equipment category name exists for the equipment, suggest a name.

Fill in all appropriate information to be included in permanent equipment record

EQUIPMENT CATEGORY NAME:			MFR EQPT NAME:	
MODEL NUMBER:	SERIAL NUMBER:	P.O. NUMBER:	ACQUISITION COST:	WARRANTY EXP. DATE:
MANUFACTURER:		MANUFACTURER ADDRESS:		
VENDOR:		VENDOR ADDRESS:		
LOCATION: bldg: _____ room: _____		OWNING SERVICE:		
COMMENTS:				

Service Documentation:

- Two sets of Operator's manuals..... ☐ Passed ☐ Failed ☐ N/A
- One set of service manuals ☐ Passed ☐ Failed ☐ N/A

Electrical Safety:

- ☐ Non-electrical ☐ battery operated ☐ Electrical, two-prong plug, double insulated
lectrical with three prong plug,
- Ground Resistance < 0.5 Ω ☐ Passed ☐ Failed
- Chassis leakage current (choose one)
 - Patient Care equipment < 300 μ A ☐ Passed ☐ Failed
 - Nonpatient Care equipment
 - Patient Care Area < 500 μ A ☐ Passed ☐ Failed
 - Nonpatient Care Area
 - Laboratory < 500 μ A ☐ Passed ☐ Failed
 - Administrative < 1,500 μ A ☐ Passed ☐ Failed
- Lead leakage current ☐ Passed ☐ Failed ☐ N/A

NOTES/ACTIONS:

Performance Verification:

- Required when 1) safety risk to patient is posed (see attachment B) or 2) Clinical Lab equipment is subject to CAP
☐ Passed ☐ Failed ☐ N/A ;
 Performed by ☐ Vendor ☐ In-house
- Not required for non-JCAHO medical or non-medical equipment (refer to JCAHO YES/NO list)

Clinical Alarm:

- ☐ N/A ☐ Performance validated

(to be completed by Clinical Engineer or Lead BESS)		Responsible Tech: _____	Frequency: _____	Month: _____
INCLUDE IN PM SCHEDULE <input type="checkbox"/> NO <input type="checkbox"/> YES ;		LIFE SUPPORT <input type="checkbox"/> NO <input type="checkbox"/> YES;	JCAHO <input type="checkbox"/> NO <input type="checkbox"/> YES;	
Notes:				

Research equipment used in a Clinical area:

CLINICAL AREA:		LENGTH OF TIME EQUIPMENT WILL BE USED:	
CLINICAL USER NAME:	PHONE #:	RESEARCH OWNER NAME:	PHONE #: