

REQUEST FOR APPROVAL EQUIPMENT TECHNICAL SPECIFICATIONS

(This Approval Form required for: 1) All Capital Equipment requests and 2) All medical and electrical equipment intended for use in immediate patient environment in University Hospital locations, regardless of cost)

DATE: _____

User Department:	Contact Person:	Phone #:
Manufacturer Name:	Contact Person:	Phone #:

ITEM DESCRIPTION (including description of clinical application): **IN ADDITION, YOU MUST ATTACH MANUFACTURER'S TECHNICAL SPECIFICATIONS.**

PATIENT CARE EQUIPMENT: Yes No If new: Intended Location (Rm #) : _____

REPLACEMENT EQUIPMENT:

Item replaces device in: Same Location – Rm.#: _____ New Location – Rm.#: _____
 Eligible for Trade-In Will keep as spare Will donate to/use in: (dpt/location): _____

ID #'s OF EQUIPMENT BEING REPLACED:

Property Mgt Asset#:	_____	Clin Eng ID#:	_____
Property Mgt Asset#:	_____	Clin Eng ID#:	_____
Property Mgt Asset#:	_____	Clin Eng ID#:	_____

Use Description Lines and/or back of form for additional ID#'s of replacement items as needed

Installation Requirements: (Check all that apply)

- Space Renovation Needed
- Wall or Ceiling Mount
- Holes in Walls/Floor/Ceiling Required
- Power Outlet Required
- Install by Vendor
- Install by Physical Plant
- Install by Clinical Engineering

Recommendations for Maintenance Post-Warranty:

- Service Contract – If checked, attach quotations for all options offered
- Time & Materials from Vendor – If checked attach price list and quotation for labor rate
- Clinical Engineering If checked, you have confirmed w/CE or Plant that they will provide service and asked if any service training, tools or special equipment are needed to maintained equipment. Any such costs have been added/included w/purchase
- Physical Plant
- Other: _____

NOTE: Clinical Engineering and Physical Plant are charged with responsibility to make final recommendation regarding appropriate service provider.

UTILITY REQUIREMENTS: Please indicate all utilities required and check if need to be added new. It will be assumed utility is already in place if not checked as needed new. Physical Plant ultimately to determine adequacy of existing utilities based on spec's provided.

System Requirement	New Utility Needed	System Requirement	New Utility Needed	System Requirement	New Utility Needed	System Requirement	New Utility Needed
<input type="checkbox"/> 110 V. Elect <input type="checkbox"/>	<input type="checkbox"/> Plumbing <input type="checkbox"/>	<input type="checkbox"/> Steam <input type="checkbox"/>	<input type="checkbox"/> Compressed Air	... <input type="checkbox"/>
<input type="checkbox"/> 220 V. Elect <input type="checkbox"/>	<input type="checkbox"/> Medical Gas <input type="checkbox"/>	<input type="checkbox"/> Conditioned Water	... <input type="checkbox"/>	<input type="checkbox"/> Vacuum <input type="checkbox"/>
<input type="checkbox"/> Telecommunication Port	<input type="checkbox"/>	<input type="checkbox"/> Ventilation <input type="checkbox"/>	<input type="checkbox"/> Temperature Control	.. <input type="checkbox"/>		

Clinical Engineering Recommendations & Approval

Clinical Engineering Signature

- Requires voice or Data Port
 - Includes Wireless Communications Technology
 - Interfaces with/connects to other information systems
- If any checked, requires review and sign-off by IMT.

IMT Recommendations & Approval

Information Management Signature

Radiographic/Fluoroscopic Equipment included in acquisition.

If checked requires review and sign-off by Radiation Safety Officer

Radiation Safety Officer Recommendations & Approval

Radiation Safety Officer Signature

Physical Plant Recommendations & Approval

Physical Plant Signature