## Medical Equipment On Trial/Loan Check List

Indemnity Ref:

Supplier Details

|  |  |
| --- | --- |
| Manufacturer/Supplier |  |
| Contact Telephone No. |  |
| Contact Name |  |

Equipment Details

|  |  |
| --- | --- |
| Description |  |
| Specific Model |  |
| Serial Number/s  (Where Applicable) |  |

Trial/Loan Details

Loan Reason - Trial/Testing Case /Procedure Specific

Site …………………………………Ward/Department……………………………………

Loan Co-ordinator…………………………………….Loan Period………………………

|  |  |  |  |
| --- | --- | --- | --- |
| N/A | Yes | **Tick Boxes As Appropriate** | |
|  |  | Decontamination Form | |
|  |  | Function and E.S.T (Electrical Safety Tests) where applicable | |
|  |  | User Instructions | |
|  |  | Contents Check List (where applicable) | |
|  |  | Decontamination Instructions/Training Identified and Agreed | |
|  |  | Relevant Training Identified and Agreed | |
|  |  | Moving and Handling Identified (where applicable) | |
|  |  | Storage Identified and Agreed | |
|  |  | User Calibration/Maintenance Identified and Agreed (where applicable) | |
|  |  | Technical Maintenance Identified and Agreed (where applicable) | |
|  |  | Site Services Identified (special requirements, where applicable) and Agreed | |
|  |  | Consumables Identified and Agreed | |
| Signed for the Trust: | | | Signed for the Company: |

The Loan Equipment scheduled above has been checked, verified as complete and removed from the Trusts premises. Decontamination Form Attached

Date………. Signed……………………… (Supplier………………………………… (Trust)