

Appendix B

Inventory data collection form

Inventory # _____

Type of equipment: _____

Manufacturer: _____

Model: _____ Serial #: _____

Country of origin: _____ Year of manufacture: _____

Power requirement: 220V 110V

Current state/condition: Operable and in service

Operable and out of service

Reason out of service: _____

Requires maintenance

Not repairable

Requires special disposal? Yes No

Spare parts available? Yes No

If yes, what, how many, and where are they

located? _____

Manuals available: User manual # of copies _____ Location _____

Service manual # of copies _____ Location _____

Other (specify) # of copies _____ Location _____

Equipment users: Doctors Nurses Lab technicians

Students Residents Other (specify) _____

Equipment owner (department), if any: _____

Contact person _____ Phone number: _____

Current location of equipment: _____

Will it move from here? No Yes If so, where? _____

Other notes (use back of paper if more room is needed): _____
