

Appendix D.3

Work order form

Request for service

Department: _____

Date: _____

Clinician/technician reporting problem: _____

Location of device: _____

Problem description: _____

Date/time: _____

Service record

Service engineer name: _____ Date/time responded: _____

Action taken: _____

Has the problem been corrected? _____

Is follow-up work necessary? _____

When will follow-up work be performed? _____

Follow-up action

Service engineer name: _____ Date/time responded: _____

Action taken: _____

Has the problem been corrected? _____

Is further follow-up work necessary? _____
(If so, describe on reverse side of this form.)

Note: Keep this form in the active file for at least 15 days after the completion of final repairs.

Adapted from: Medical Consultants Network Inc., Reference# 1004 Biomedical Engineering