Equipment Out of Service Form

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| --- | --- | --- | --- |
| **Clinical Engineering #:** |  | **Serial Number:** |  |
| **SI #** |  | **Equipment Type:** |  |
| **Tech ID:** |  | **Date/Time:** |  |
| **Problem Description:** | | | |
| **Troubleshooting Attempted:** | | | |

**Blood / Bone / Reagent Storage Equipment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Upper Temp** | **Lower Temp** | **Chart Temp** | **Digital Temp** | **Alarm Test** | **Temp Trak** |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CSS Work Request submitted: \_\_\_** No **\_\_\_**Yes  **Work Number: \_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Phone Contacts:**  **Portable Refrigerators: Clinical Engineering (744-3496)**  **All Other Blood Storage/Tissue Storage Equipment: Facilities Engineering (744-3191)**  **Bench Equipment: Scientific Instruments HMC: 206-897-5043, UW: 206-543-5580**   * ***Note: After hours, have the Hospital Operator page the Nursing Supervisor who will page Engineering On Call*** | | | |
| **Call Date/Time:** |  | **Engineering Response**  **Date/Time:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical Engineering/Facilities Engineering/SI Sign-Off**  **(To be completed by repair staff when equipment is returned to service)** | | | | | | |
| **Serviced By:** |  | | | **Date/Time:** | |  |
| **Problem Resolution** | | | | | | |
| **Work Order #:** | |  | | | | |
| **Authorize Return to Service Date/Time:** | |  | **Authorizing Signature** | |  | |