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** |
|  |  |  |  |  |  |

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| **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:** |  |

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| **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** |  |