



MEDICAL EQUIPMENT INVENTORY FORM

FACILITY NAME:

NAME			
Asset No.			
Record No./ Serial No.			
Facility Code			
Inventory No.			
Maintenance Ref. No		Serial No.	
Equipment Name			
Manufacture			
Year Manufacture			
Model			
Brand Name			
Life span (Years)			
Supplier Name			
Date of Last maintenance			
Purchase Order			
Purchase Price			
Financier/Donor			
Installation Date			
Building name			
Department/Unit			
Room Name/Number			
PPM Schedule			
Service contract			
Warrant Satus			
Service Manual			
Operating Manual			
Equipment Status (Functional, Non Function, Unistalled)			
Utilization Status (Low/Medium/High)			

OTHER ACCESSORIES ACOMPANYING THE EQUIPMENT

S/N	NAME OF ACCESSORY	MANUFACTURER	MODEL	SERIAL NO.	DATE OF INSTALLATION	STATUS
1						
2						
3						
4						
5						
6						
7						

Approval Status

	Name	Designation	Signature	Date
Prepared By:				
Approved By:				