Medical Equipment Management Report Template

Name of Health Service Provider: ……………………

Date: ……………

Medical Equipment Replacement Strategy (for the next two years, in order of risk rating)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Medical Equipment | Age (years) | Expiry Year/End of Life | Years past useful life | Estimated Cost ($) | Approx. procurement time from funding approval (months) | Reason | Risk Rating |
| e.g. Ventilators, Intensive Care | **12** | **2012** | **6** | **450,000** | **3** | **Not serviceable** | **2** |
|  |  |  |  |  |  |  |  |
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Note: HSPs must ensure that they have the capacity and capability to plan and procure the equipment listed in the table above over the next 2 years.

Incidents relating to Medical Equipment

|  |  |  |  |
| --- | --- | --- | --- |
| Incident | Date of occurrence | Actions taken\* | Date of action taken |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*in accordance to the *Clinical Incident Management Policy 2015*

Contact details of the responsible officer:

Name: …………………………….

Title: ……………………………….

Unit: ……………………………….

Phone Number: …………………

Approved by:

……………………………….