

Equipment Maintenance Report

Health		□втнс □	BRHC	☐ PRHC	□CMH □HSAH
Date & Time	Equipment Name	Equipment Identifier	Load Number	HIPPO Completed	Description & Resolution of Issue *See Sterilization Requalification Form if required*
Date		Model Number		□Yes □No	
Time		Serial Number		Lives Lino	
Date		Model Number			
Time		Serial Number		□Yes □No	
Date		Model Number		□Yes □No	
Time		Serial Number			
Date		Model Number		□Yes □No	
Time		Serial Number			
Date		Model Number		□Yes □No	
Time		Serial Number			
Date		Model Number		□Yes □No	
Time		Serial Number			
Date		Model Number		□Yes □No	
Time		Serial Number			



Equipment Maintenance Report

Date & Time	Equipment Name	Equipment Identifier	Load Number	HIPPO Completed	Description & Resolution of Issue *See Sterilization Requalification Form if required*
Date		Model Number		□Yes □No	
Time		Serial Number		□ Yes □ No	
Date		Model Number		□Yes □No	
Time		Serial Number			
Date		Model Number		□Yes □No	
Time		Serial Number			
Date		Model Number		□Yes □No	
Time		Serial Number			
Date		Model Number		□Yes □No	
Time		Serial Number			
Date		Model Number		□Yes □No	
Time		Serial Number		LIES LINU	
Date		Model Number		□Yes □No	
Time		Serial Number			