



## Equipment Maintenance Report

BTHC    
  BRHC    
  PRHC    
  CMH    
  HSAH

Date & Time	Equipment Name	Equipment Identifier	Load Number	HIPPO Completed	Description & Resolution of Issue <i>*See Sterilization Requalification Form if required*</i>
Date		Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time		Serial Number			
Date		Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time		Serial Number			
Date		Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time		Serial Number			
Date		Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time		Serial Number			
Date		Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time		Serial Number			
Date		Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time		Serial Number			
Date		Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time		Serial Number			
Date		Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time		Serial Number			

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Date			Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time			Serial Number			
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Time			Serial Number			
Date			Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time			Serial Number			
Date			Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time			Serial Number			
Date			Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time			Serial Number			
Date			Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time			Serial Number			
Date			Model Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Time			Serial Number			