

Equipment Standardization Requirements and Authorization Form

(Please complete form if equipment not identified on listing)

(Not to be used as Authorization for Purchase)



Part A - Contact Information - Program Director

Regional Team: _____ Date: _____

Contact Name: _____ Contact Phone: _____

Contact Fax: _____ Contact E-mail: _____

Part B - Equipment Information - Program Director/Users

What is the equipment you are requesting to standardize? _____

Please provide equipment description including the list of functions this equipment must perform. _____

List additional equipment/instruments necessary to support this item. _____

List any supply items required for this equipment to function. _____

Is this new equipment to the Region? YES NO

Will this equipment replace existing equipment? YES NO

If yes, what equipment will it replace? _____

Are you aware of vendors that sell this equipment?
1. _____ 3. _____
2. _____ 4. _____

Anticipated Commitment / Quantity: _____

Additional Comments: _____

Part C - Additional Requirements - Program Director in consultation with other Program Directors

IT Implications: _____

Staff Education: _____

Infection Control: _____

Physical Plant: _____
(structural changes, renovations, additional plumbing, electrical, etc.)

Risk Management: _____

Additional Comments: _____

Part D - Standardized Equipment Summary - Program Director in consultation with Materials Management

Materials Management Contact Person: _____
(Materials Manager consulted through standardization process)

Product Chosen: _____

Supplier/Distributor:
(if applicable) _____

Total Cost: _____

On Contract: YES NO If yes, Term of Contract: _____

Standardization Review Date: _____

Maintenance Contracts: YES NO If yes, annual cost: _____

Warranty: _____ Manufacturer Useful Life: _____

Lead Time: _____

Vendor Evaluation Results: (if required)

1. _____

2. _____

3. _____

Impact: _____ i.e) number of items in region not on standard

Additional Comments: _____

Program Director Signature: _____ Date: _____