



LOMA LINDA UNIVERSITY  
MEDICAL CENTER

# CLINICAL ENGINEERING MEDICAL EQUIPMENT SERVICE REQUEST FORM

## BASIC INFORMATION

**If involved with an incident, isolate the equipment and contact Clinical Engineering immediately, in accordance with Policy M-34.**

Requested By (full name):	Date:	CE Control # (or Serial #):
Requesting Department:	Phone/Pager:	Return Equipment to – (Location):
<b>Description of Equipment and Accessories:</b>		

## REQUEST DETAIL

**Provide a detailed indication of the problem in the space below, including symptoms, settings, error codes, circumstances, and services desired.**

- |  |   |
|--|---|
| <input type="checkbox"/> Repair              | <input type="checkbox"/> Performance Test |
| <input type="checkbox"/> Inspection Past Due | <input type="checkbox"/> New Equipment    |

**Attach the completed form to the equipment/device.**

## CLINICAL ENGINEERING SERVICE DOCUMENTATION

**(do not write/type in space below)**

Service Completed By:	Date:	Work Order #:
Service Performed:		
Delivered to:		
Received by:		

**For Emergency requests call Clinical Engineering at (909) 558-4503 (x44503) or on-call pager 6044 after normal business hours.  
For all others fax (909) 558-0403 (x80403) or e-mail to Clinical Engineering on Outlook.**