

NTW Medical Device Acceptance Form

Please complete the form below for each medical device to be included on the Trusts Medical Device Inventory.

Return to Medical Device Department, St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne, NE3 3XT. medicaldeviceADM@ntw.nhs.uk

NTW Trust Asset ID (if allocated)	Label attached to equipment	YES	NO
Third Party Asset ID	Third Party Name		
Description			
Model Number			
Serial Number			
Mode of Operation (Please Select)			
Manufacturer			
Manufacture Date	CE Mark	YES	NO
Supplier			
Electrical Class	Safe Working Load (if appropriate) in Kg		
Electrical Safety Test Date	Delivery Date / Acceptance Date		
Serviced By	Last Service (date)		
Equipment Status	Condition		
Accessories Supplied			
Current Site/Location	Sub Location		
Owner	Details (If applicable)		
Training	(Is training required for this device?)		
Manuals	Details (If applicable)		
Detail of person completing the above information.			
Name			
Ward/Department	Site		
Signature (Initials)	Tel		
Details of person accepting device on behalf of ward/department			
Name			
Signature (Initials)	Site		
	Tel		