

Atlantic Veterinary College - Biomedical Equipment Information Form

1) Purchase Initiator

| | | |
|-----------------|--------------|-------------|
| AVC Dept: _____ | Name: _____ | |
| Phone #: _____ | Fax #: _____ | Date: _____ |

2) To be completed by vendor or purchase initiator - Forward copy with purchase requisition to purchasing office

| | |
|---|-----------------------|
| Equipment: _____ | Model: _____ |
| Manufacturer: _____ | Supplier: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| Phone: _____ | Phone: _____ |
| Fax: _____ | Fax: _____ |
| Contact Person _____ | Contact Person: _____ |
| To which applicable safety standard is the equipment certified: CSA/UL Canada/Entella Other: _____ | |
| Are service manuals included in the purchase price? <i>Yes/No</i> Cost: \$ _____ Part # _____ <i>(Except for unusual circumstances service manuals must be obtained with initial purchase)</i> | |
| Warranty Period: _____ <i>Months/Years</i> | |
| Are all accessories included in warranty (probes, etc)? <i>Yes/No</i> | |
| Does warranty include Parts? <i>Yes/No</i> Labour? <i>Yes/No</i> Onsite service? <i>Yes/No</i> | |
| Special installation requirements (power, water, ventilation, gasses, etc) _____ | |
| Any additional warranty details: (preventative maintenance, etc.) _____ | |
| Vendor installs equipment? <i>Yes/No</i> Is technical support available? <i>Yes/No</i> Tech support # _____ | |
| Is factory service training available? <i>Yes/No</i> Additional cost for training: \$ _____ | |
| <i>If service contract purchased after warranty period:</i> | |
| Cost of service contract: \$ _____ | |
| Contract details: Period of coverage _____ <i>Months/Years</i> Are any items not covered? <i>Yes/No</i> | |
| Additional contract details _____ | |
| <i>If service contract not purchased after warranty period:</i> | |
| Hourly rate for service: \$ _____ /hr Additional travel charges for service: \$ _____ | |
| Signature: _____ | Date: _____ |

3) Internal: Purchaser to complete at time of installation/delivery and forward to Biomedical Engineering

| | | |
|---|--|----------------------|
| UPEI Purchase Order Number: _____ | Amount: \$ _____ | Date Received: _____ |
| Serial # _____ | Model (if different than above): _____ | Location: _____ |
| Description: _____ | | |
| Software Version (if applicable): _____ | Individual Responsible: _____ | |