

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: _____		