Service Repair Sheet SRS68323

Contact Name

Company/ Hospital Name

Department

Position

Direct Phone

General Phone

Opera Account

Email

Order Number

Date Received

Booked in By

Main Company

Type Return

Lucy Gardener

Royal Victoria Infirmary

Support Technician

01919177216

01912336161

00003785

lucy.gardener@nhs.net

14/Nov/2022

Robert Connor

Viamed

Quote

VIAMEDCLE Goods In Only Decontamination certificate provided by customer	
Cleaned by Viamed, if no declaration certificate from customer Signed: Date:	
Goods Out Only Cleaned by Viamed bef returning to customer Signed: Date:	ore

Notes 08/Nov/2022 Kate Griffiths 08/Nov/2022 Kate Griffiths

Customer has 5 Tom Thumbs for service/repair. S/N: 0401275, 0401270, TT480 B07, TT490 R001/

TT490 R007. I will ask if she is sending them all back at once

14/Nov/2022 Robert Connor

Received 5 x tom thumb s/n B7, R001, R007, 0401270, 0401275.

Ready For quote

CGreen 18-11-22

Repair Complete Signed

128 × 1 2 €12.

SRN	Equipment	Stock Ref	Serial Number	Warranty
SRN35527	Tom Thumb	0310030	B7	2
SRN35528	Tom Thumb	0310030	R001	2
SRN35529	Tom Thumb	0310030	R007	2
SRN35530	Tom Thumb	0310030	0401270	2
SRN35531	Tom Thumb	0310030	0401275	2

0380000 × 5 2 E90 Each'
SIN, SRS, SRN

0330203 × 1 2 E125

SRS, SRN

0330212 × 2 2 E2.20

SRS, SRN

0330210 × 2 2 E52.00

SRS, SRN

0330211 × 1 2 E70.40.

SRS, SRN



The Newcastle upon Tyne Hospitals

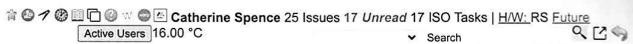
NHS Foundation Trust

Declaration of Decontamination Status of Healthcare Equipment Following Patient Use and/or Prior to Service or Repair

(Form must be completed for all medical devices including: e.g. Patient Monitors, Infusion Devices, Anaesthetic Machines, Ventilators and patient equipment including: e.g. Bariatric Equipment, Armchair, Commode, Wheelchair, Low Level Bed, Mattress)

DEVICE NAME & MODEL:	ASSET ID:455401	FAULT REPORT REF. No:
5 x Tom Homb	(if applicable) 1500 13 150007, 257567, 2575	232468
IF REPORTING A FAULT (This section only to be co		
DESCRIPTION OF FAULT: (Report the last settings an	d what you consider to	be the problem)
5x Tom fromb For repair + service		
SN 87 SN 401275		
5N ROOI SN 401270		
Was this device involved in an adverse incident?	YES (NO)	
If YES, please supply the Datix Incident Report No.		
Control of Control Control Control of Contro		
Declaration of Contamination Status (This s and patient equipment)	ection to be complet	ed for all medical devices
This equipment has not been used in any invasive expired gases, or pathological samples. It has be transportation or return of loan equipment e.g Baor	een cleaned in preparation	
This equipment has been exposed internally or exappropriate).	xternally to hazardous mat	erials as indicated below (*deleteas
*BLOOD - BODY FLUIDS - RESPIRED	GASES – PATHOLOGIC	AL SAMPLES - CHEMICAL -
RADIOACTIVE CONTAMINATION OR OTHER	SUBSTANCES HAZARD	OUS TO HEALTH (Please state):
Please give details of the decontamination method	ds used:	
Clinell wipes		
Since Suppose		
If the equipment could not be decontaminated pleat prior agreement of the recipient).	ase indicate why. Such equi	pment must not be returned without
I DECLARE THAT I HAVE TAKEN ALL REASON INFORMATION, IN ACCORDANCE WITH THE EQUIPMENT FOLLOWING PATIENT USE AND F	TRUST POLICY ON <i>DECO</i> PRIOR TO SERVICE OR RE	NTAMINATION OF HEALTHCARE PAIR.
Authorised Signature: A - TURDIULK		
Department: EME		
Date: 08 11 202 Z	Tel. No:O.Q.Q.Q.	17216
NOTE: IT IS ILLEGAL TO SI	FND CONTAMINATED ITE	MS BY POST

Devices returned for service/repair without a completed Fault Reporting and Contamination Status Form will not be accepted by the receiving department. For assistance contact the Electronics & Medical Engineering Department, the Health and Safety Team or the Infection Control Team.





































Select Currency

Pounds Euros Usd

Repair SRS68323 Values in Pounds @ �1: �1.00

SRN35527	Tom Thumb	0310030			
	Parts Required	Reference	Quantity	Unit Cost	Total Line
		0380000	1	\$ 90.00	\$ 90.00
	Tom Thumb	0310030			
	Parts Required	Reference	Quantity	Unit Cost	Total Line
		0380000	1	\$ 90.00	\$ 90.00
		0330203 /	1	♦ 125.00	125.00
		0330212	1	� 1.50	\$ 1.50
		0330210	1	\$ 52.00	\$ 52.00
		0330211	1	• 70.40	\$ 70.40
SRN35529	Tom Thumb	0310030			
	Parts Required	Reference	Quantity	Unit Cost	Total Line
		0380000	1	\$ 90.00	\$ 90.00
		0330210	1	\$ 52.00	\$ 52.00
	Tom Thumb	0310030			
	Parts Required	Reference	Quantity	Unit Cost	Total Line
		0380000	1/	♦90.00	\$ 90.00
		0330212	1	\$ 1.50	\$ 1.50
SRN35531	Tom Thumb	0310030			
	Parts Required	Reference	Quantity	Unit Cost	Total Line
		0380000	1 ;	♦90.00	\$ 90.00
				Parts Cost	♦ 752.40

2-20 0918-11.22

2.20 09 18:11.2

CHECK PRICES BEFORE SENDING QUOTE

Quote Sent