Service Repair Sheet SRS68639

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

Paige Cannon

Pilgrim Hospital

Clinical Engineering

Trainee Medical Engineering Tech

01205 445205

01205364801

00000600

paige.cannon@ulh.nhs.uk

04/Jan/2024

Robert Connor

Viamed

Quote

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aned by declaration customer ned:	Viamed, n certificate	
	ut Only	aru
116	Viamed be	fore
	customer	
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Notes 01/Dec/2023 Sophie Lines 01/Dec/2023 Sophie Lines

Sending V1000 PR065A33 in for service and calibration. Emails are attached

03/Jan/2024 Kate Griffiths

device on way via TNT. The shipment number is 341615934

04/Jan/2024 Robert Connor

Received 1 x V1000 s/n PR065A33, with 4 x AA battery and blue fabric carry case.

Ready For quote

Repair Complete Signed

C9000 4-1-23

9-1-24

SRN	Equipment	Stock Ref	Serial Number	Warranty
SRN36206	Foetal Simulator	1410000	PR065A33	2

14800000 × 1 £60 51N, SES, SEN 1430309 × 1 FOC 98S, SEN UPS × 1 £12

## United Lincolnshire Hospitals NHS Trust

### Declaration of Contamination Status

Prior to the inspection Servicing, Repair or Return of Medical and Laboratory Equipment

To: Viamed Ltd
15 Station Road
Cross Hills
Keighley
West Yorkshire
BD20 7DT

Make and Description of Equipment:
V1000 Foetal Heart Simulator
Model/Serial/Batch No:

SN: PR065A33

Trust's Ref or Order No:

SRS68639

Contact Name: Telephone No:

(0) 1535 634542

Tick box A if applicable. Otherwise complete all parts of B, providing further information as requested or appropriate.

A. This equipment/item has not been used in any invasive procedure or been in contact with blood, other body fluids, respired gases, or pathological samples. It has been cleaned in preparation for inspection, servicing, repair or transportation.

B. 1. Has this equipment/item been exposed internally or externally to hazardous materials as indicated below?

YES/NO Blood, body fluids, respired gases, Pathology samples:

YES/NO Other biohazards:

YES/NO Chemicals or substances hazardous
To health:

YES/NO Other hazards:

2. Has this equipment/item been cleaned and decontaminated?

MES/NO Indicate the methods and materials used: Sani-Cloth 70%

If the equipment/item could not be Decontaminated please indicate why:

Such equipment must not be returned/presented without the prior agreement of the recipient whose reference or contact name must be given above.

3. Has the equipment/item been suitably prepared to ensure safe handling/transportation? YES/NO

I declare that I have taken all reasonable steps to ensure the accuracy of the above information, in accordance with HSG(93)26.

Authorised signature P. Cannon Site Pilgrim Hospital Boston

Name(printed) Paige Cannon Dept Clinical Engineering

Position Trainee Medical Engineering Technician Tel No. 01205 445205

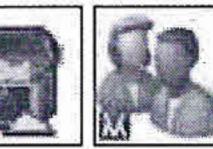
Date 03/01/2024

JG Full, SL Full, EC Full, MG Full

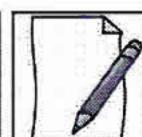




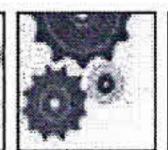






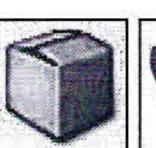


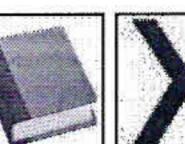
















## Pilgrim Hospital

Account Home	Main Details	Account Me	mos	Sales History	Purch Orde		O Supplier Returns		Stock References
O Cust./Supp. Returns		Service Visits	O Dist	ributor Agre	eements	# D	ocuments Files	Linked Issues	
Regulator	y Agreemer	nts				-		2.19	

Use:

#### Repair SRS68639 Values in Pounds @ \$1: \$1.00

SRN36206	Foetal Simulator	1410000				
	Parts Required	Reference	Quantity	Unit Cost	Total Line	
		1430309	1	0.00	0.00	FOC
		1480000	1	0.00	0.00	-E60
				Parts Cost	0.00	cq 9-1.2

# Page updated, TRipple check prices to price in intrastats main search

CHECK PRICES BEFORE SENDING QUOTE

Quote Sent