

WRIGHTINGTON, WIGAN AND LEIGH TEACHING HOSPITALS
NHS FOUNDATION TRUST

MEDICAL EQUIPMENT REPAIR REQUISITION

Requisition No. **63308**

Equipment No. **52456**

Equipment Description **Foetal Heart Simulator**

Hospital/Site **RAE MED ICEL** Ward/Dept **MED ICEL**

Location of equipment for repair (e.g. Sluice)

Fault **SERVICE DUE**

Potential Infection Hazard

Has the equipment been in contact with the following infection?

Please tick as appropriate.

Blood/Body Fluid

Yes ☐

No ☒

Faeces/Urine

Yes ☐

No ☒

Sputum

Yes ☐

No ☒

M.R.S.A

Yes ☐

No ☒

Initial Preparation

Has the surface been washed with detergent and water?

Yes ☒

No ☐

If any other infection control precautions are needed liaise with Infection Control Department.

Date **10/03/2025** Print Name **OWEN DANIEL**

Medical Electronics Department Use Only

Prior to Repair Equipment Decontaminated

Yes ☒

No ☐

Equipment Repaired

Yes ☐

No ☐

Post Repair

Equipment Decontaminated

Yes ☐

No ☐

Comments **EQUIPMENT WIPE DOWN WITH
CLINEL WIPES**

Date **10/03/2025** Print Name **OWEN DANIEL**

If this form is not completed or the equipment not cleaned it will **NOT** be repaired or serviced, it will be returned to the point of origin.