ardenbrooke's NHS Trust Equipment / Consumable / Medicine Report Form

ATTACH TO INCIDENT FORM
PLEASE RECORD INCIDENT FORM NUMBER 97731

COMPLETE ALL SECTIONS IN CAPITAL LETTERS.

SEND TO RISK MANAGEMENT BOX 243

Section F - Item Involved:

✓

Section G - Details of Equipment / Consumable:

OVERHEAD HEATER

CERATHERM 600

TYP: C 600 - 2 VNR 521

YN 1003

VIHA MED

NUFER MEDICAL

Instructions:

1) Please remove equipment/consumable and associated items from use. Place a "WITHDRAWN FROM SERVICE" label on the item concerned. (The labels can be found at the back of this book).
2) Following the incident, contact Risk Management on Ext. 4496 for advice. Out of office hours, contact the On-Call Manager via switchboard.
3) Do not decontaminate any piece of equipment/consumable without seeking advice first.
4) Attach this form to the original incident form (Part A) and forward to Risk Management (Box 243).

Section H - Details of Medicine:

Instructions:

1) Following the incident, contact Pharmacy on Ext: 3980 for advice. Out of office hours, contact the On-Call Resident Pharmacist on bleep 152-881.
2) Attach this form to the original incident form (Part A) and forward to Risk Management (Box 243).

Section I - Action Taken / Additional Information:

TABLE LOWERED IMMEDIATELY & HEATER REMOVED IMMEDIATELY AWAY FROM PATIENT. REMOVED FROM USE, LABELLED TAKEN OFF ON THE MONDAY MORNING (11/10/04)

DATE OF ELECTRICAL SAFETY CHECK - 20/10/03 - RETEST DUE: 20/10/04

Section J - Name of person completing form:

Name of person completing:

Date: 25/10/04