

Service Repair Sheet SRS67809

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

Date Promised to Return: 01 Jan 1970 -3600

Simon Butler

Cardiff and Vale UHB

Clical Engineering

Team Leader

02920748547

00000092

Simon.Butler@wales.nhs.uk

20/Apr/2021

Robert Connor

Viamed

Quote

Notes 16/Apr/2021 Kate Griffiths

16/Apr/2021 Kate Griffiths

Customer would like service/calibration (price given for both options) of V1000 - s/n PR02450A13

20/Apr/2021 Robert Connor

Received 1 x V1000 s/n PR02450A13, with 4 x AA battery and grey silicone cover.

For service and calibration.

Ready For quote

CC Connor 20.4.2021

Repair Complete Signed

SRN	Equipment	Stock Ref	Serial Number	Warranty
SRN33622	Foetal Simulator	1410000	PR02450A13	N

1480000 x 1 @ £45

S/N, SRS, S/N

1430309 x 1 @ £0.

SRS, S/N

UPS x 1 @ £10

**Dispatch note (external service)**

Work Order no.	21-14976	Supplier	VIAMED
Order date	16/04/2021	Address	15 STATION ROAD, CROSS HILLS KEIGHLEY BD20 7DT
Our Reference		Your reference	
Contact person	SIMON BUTLER	Phone	01535 634542
Phone	02920745678	Fax	
Fax		Package no	
Mobile phone		Type of service	
Email	simon.butler@wales.nhs.uk		

Eq. no.	B134035	Serial no	PRO2450A13
Device type	SIMULATOR		
Brand	VIAMED		
Model	V1000 FETAL HEART		
Owner	6895	CLINICAL ENGINEERING TECHNICAL SERVICES ; RADIOLOGY, MEDICAL PHYSICS & CLINICAL ENGINEERING ; CARDIFF AND VALE UHB	
Location	Q0CNW	CLINICAL ENGINEERING LABORATORY ; ; 20 FIELD WAY	

Message

FOR SERVICE AND CALIBRATION SRS67809

Return date**Signature**

Returned equipment should be setup from both a security and functional perspective, so that the equipment can be set directly into use without any further measures. A complete report detailing discovered faults, performed measures, changed components, measured values and performed functional controls and safety tests should be attached. These protocols do not release the supplier from the responsibility if a functional fault would appear that could jeopardize the safety of the staff or patients.

The goods are to be returned to the address below

Invoice address Finance Department
University Hospital of Wales
Heath Park
Cardiff
CF14 4XW

Delivery address Clinical Engineering
20 Field Way
Heath, Cardiff
CF14 4HY

Signature