|  |
| --- |
| **Project: MEDICAL RESEARCH AND CARE CENTRES – MRCC PROJECT** |

* **Purpose of Proof:**

*The purpose of this proof is to verify the repairs/installation of medical equipment.*

* **References:**

*This Proof concerns the following references:*

Contract N°: Date:

Hospital name: Location Name (MEDICAL Department):

* **Service / Maintenance date:**
* Please check the mark the type of service call

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service**  **call** | **Installation** | **Warranty** | **Maintenance** | **Delivery** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Details:** | |
| **Model #** |  |
| **Serial #** |  |
| **Vendor #** |  |
| **Manufacturer** |  |
| **Purchase info** | |
| **Arrival date** |  |
| **Installation date** |  |
| **Warranty date** |  |

**NATURE OF COMPLAINT (ERROR CODES):**

**WORK PERFORMED:**

**LIST OF SPARE PARTS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part Name | New Part Number | Old Part Number | Manufacturer | Condition of the replaced spare part (damaged, expired …. etc) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**COMPLIANCE DOCUMENTATION: CALIBRATION OR TEST RESULTS REPORT**

**COMMENTS/ FOLLOW-UP ACTIONS:**

**RECOMMENDATIONS:**

**LIST OF THE TECHNICAL DOCUMENTS (AS PER MANUFACTURER RECOMMENDATIONS)**

|  |
| --- |
| Images: |

|  |  |  |
| --- | --- | --- |
| Beneficiary:  ……………………………………..    *Signature Date:*  .…/ …./………. | EF TEAM.  **EXPERTISE FRANCE**    *Signature Date:*  .…/ …./………. | Supplier  ………………………………………………….  *Signature Date:*  .…/ …./………. |

|  |
| --- |
| COLLECTED BY CDE TEAM.  **La Chaîne de l’Espoir**    *Signature Date :*  .…/ …./………. |