

Equipment Evaluation Form

Equipment Identification

Name of Equipment:

Type of Equipment:

Model Number:

Intended Use

What is the manufacturer's intended use?

What is your intended use?

Distributor's/Manufacturer's Contact Information

Name:

Address:

City: State: Zip:

Tel:

Fax:

Email:

Website:

Registrations / Certifications

Is the manufacturer registered with the FDA? If yes, what is the registration number?

Is the equipment registered with the FDA? If yes, what is the registration number and class?

Insert a copy of the Safety Data Sheet.

Safety Considerations

What safety certifications does this equipment have (i.e. UL, CSA, CE)?

Does the manufacturer carry liability insurance on this equipment? If so, how much?

Did you obtain a certificate of liability insurance from your own insurance provider? Is the certificate of insurance available? (Insert a copy if available)

Does the manufacturer provide cleaning/disinfection protocols for the equipment? (If so, insert a copy of the protocol)

Are there any reasons that make it inadvisable to use this equipment on a person (contraindications)?