

**CNTW Medical Device Acceptance Form**

Please complete the form below for each medical device to be included on the Trusts Medical Device Inventory.

Return to Medical Device Department, St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne, NE3 3XT. [medicaldeviceADM@CNTW.nhs.uk](mailto:medicaldeviceADM@ntw.nhs.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **CNTW Trust Asset ID** | **Label attached to** |  |  |
| **(if allocated)** | **equipment** | **YES** | **NO** |
| **Third Party Asset ID** | **Third Party Name** | | |
| **Description** | | | |
| **Model Number** | | | |
| **Serial Number** | | | |
| **Mode of Operation** | | | |
| (Please Select) | | | |
| **Manufacturer** | | | |
| **Manufacture Date** | **CE Mark** | **YES** | **NO** |
| **Supplier** | | | |
| **Electrical Class** | **Safe Working Load** | | |
|  | (if appropriate) in Kg | | |
| **Electrical Safety Test** | **Delivery Date /** | | |
| **Date** | **Acceptance Date** | | |
| **Serviced By** | **Last Service (date)** | | |
| **Equipment Status** | **Condition** | | |
|  | | | |
| **Accessories Supplied** | | | |
| **Current** |  | | |
| **Site/Location** | **Sub Location** | | |
| **Owner** | **Details** (If applicable) | | |
| **Training** (Is training required for th | is device?) | | |
| **Manuals** | **Details** (If applicable) | | |
| Detail of person completing the above information. | | | |
| **Name** | | | |
| **Ward/Department** | **Site** | | |
| **Signature (Initials)** | **Tel** | | |
| Details of person accepting device on behalf of ward/department | | | |
| **Name** | **Site** | | |
| **Signature (Initials)** | **Tel** | | |