Medical Equipment Tracking Log

Name/Type of Equipment:					
Model #:		Serial #:			Tier Level:
Own				Lease	
Rationale for Choosing Equipment:					
Location of Equipment within Office:					
Warranty (length of time and what is included):					
Names of Staff/Users Trained on Equipment and Date Trained:					
Preventative Maintenance Requirements:					
Person/Vendor Responsible for Preventative Maintenance:					
Address:			Phone Number:		
Preventative Maintenance/Repairs					
Date	PM / Repair	•		Desc	ription