

Dental Equipment - Technical File

Summary Sheet

General Information

1.	Type of Equipment (Eg : Dental Chair Unit)	
2.	Brand	
3.	Model	
4.	Serial Number	
5.	Local Agent	
	Name	
	Address	
	Tel	
	Fax	
	Liaison	

Procurement

6.	Mode of purchase	Direct <input type="checkbox"/>
		Biomedical Supp. <input type="checkbox"/>
		Other (Specify) <input type="checkbox"/>
7.	Date of Installation	(DD/MM/YYYY)
8.	Date of warranty expiration	(DD/MM/YYYY)

List of documents attached

1. Tax invoice / Issue order	Attached <input type="checkbox"/>	Not attached <input type="checkbox"/>
2. Price schedule	Attached <input type="checkbox"/>	Not attached <input type="checkbox"/>
3. Technical Documentation / Brochures	Attached <input type="checkbox"/>	Not attached <input type="checkbox"/>
4. List of parts with or without prices	Attached <input type="checkbox"/>	Not attached <input type="checkbox"/>

Breakdown Incidence report

1. Equipment – Serial Number	
2. Warranty status	Covered <input type="checkbox"/> Not covered <input type="checkbox"/>
Breakdown	
3. Complain	
4. Nature of non-functioning equipment	
5. Date and time of complain	(DD/MM/YYYY)
If parts are mobilized for repairs	
6. Name of the part	
7. Date and time (removed part)	(DD/MM/YYYY)
If part is mobilized for repairs Details of person who collected the item	
8. Name	
9. Signature	

Repair Report

1. Equipment – Serial Number	
Breakdown	
2. Parts repaired / replaced	
3. Service and cleaning	
4. Date and time re-commissioning following repairs	(DD/MM/YYYY)
Person who attended instrument after the repair	
5. Declaration	Repair satisfactory <input type="checkbox"/> Repair non-satisfactory <input type="checkbox"/>
6. Name	
7. Signature	