# **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? Is 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)?