

## DME Inspection/Repair

Device: \_\_\_\_\_ Serial#: \_\_\_\_\_

Model#: \_\_\_\_\_ Mfr: \_\_\_\_\_

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection   
  Preventive Maintenance   
  Repair

If device is electrical use orthopedic inspection/repair form

	YES	NO	Actions taken
Device in good working order			
Plates, Knobs, Screws ,Bolts present			
Controls/Switches			
Wheels, Castors, Brakes appropriate			
Cords/Straps			
Accessories/attachments in order			
Device clean & disinfected			
If new/delivered in box			
If a purchase include operating manual			
Device is patient Ready			

**List Problem/If in for Repair**

**Services Performed**

Sent back to inventory   
  Sent to Manufacturer   
  Incident