



## Request for Quote Form

Please fill out this form as completely as you can and return via **FAX TO (07) 3348 9950**. If a technician is asked to test equipment on-site which does not appear on this form, normal charges will apply above the quoted amount.

**If you any Questions or Queries please phone us on (07) 3890 0255**

PRACTICE NAME	
ADDRESS	
CONTACT NAME	
PHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS (Practice Manager)	
PREFERRED DATE/TIME	
<b>Payment Terms:</b>	<b>Payment required on day of service (Cheque/Cash/Credit Card) unless 7 day Credit Application has been approved prior to servicing</b>

**NB:** We really do our best, but because of the nature of our work (breakdowns and such) we cannot be exact about times. We are happy to work around doctors, nurses and therapists. Also, we can get on without them being present, provided we can get access to the equipment.

**1: STERILISER.** Our Steriliser requires (circle which):

**6 MONTHLY SERVICE AND CALIBRATION**

**12 MONTHLY SERVICE AND VALIDATION**

BRAND	MODEL	SERIAL NUMBER

This information should be easy to find in your steriliser's user manual. Otherwise, check your last calibration/validation certificate.

<b>OUR CHALLENGE LOAD IS:</b> (if you are having your steriliser validated)	
<b>NON-URGENT PROBLEMS OR ISSUES</b> (If you have urgent steriliser failures or faults please call us immediately)	

**2: ELECTROMEDICAL EQUIPMENT.** The following equipment needs to be tested to AS 3551, which is the Australian Standard governing electromedical equipment, every 12 months. **Note: Here are some things we DO NOT TEST:**

**Blood or Vaccine Fridges** – please contact the manufacturer or vendor of your fridge for advice.

**TENS units or EMG units** – if only battery powered, they pose no risk to patients.

**Audiometers** – we can refer you to a specialist in audiometry equipment.

**Glaucometers**– please contact the manufacturer or vendor for advice.

**Thermometers** – food, infra-red, tympanic, etc – please contact the vendor or manufacturer.

**Oxygen Regulators** – we can refer you to a service agent for these.



Equipment	Quantity	In which room/s?
ECG		
Spirometer		
Auriscopes (wall)		
Diathermy		
Patient Monitor		
Plaster Saw		
Nebuliser		
Suction Unit		
Pulse Oximeter		
BP machine		
Sphygmo		
Interferential		
Ultrasound Therapy		
Traction Machine		
Hydrocollator		
Laser Therapy		
Scales		
Weigh chairs/slings		

**3: OTHER EQUIPMENT (AS3760)** The following equipment can be tested to the normal household standard (AS3760). **Please note: if you have a large number of plug-in examination lights, x-ray viewers, computers and other electrical devices that do not touch a patient, it may be more economical for you to employ a normal electrician for those items.**

Equipment	Quantity	In which room/s?
X-ray Viewer		
Examination Light		
Examination Beds		
Others:		

Please provide us with a quote to have the above equipment tested in our practice

SIGNED:

DATE:

PRINT NAME: