

Site Survey

Hospital Name:	
Survey Complete by:	
Email address:	
Contact on site:	
Phone Number:	
Email address:	
Removal date:	

	System Name	Serial #	Y.O.M
Systems Details:			

	Patient Data Removal Scheduled	Nothing Arranged	N/A
Patient Data Removal:			

	YES	NO
Hospital Facilities Aware of our arrival:		

	YES	NO
Site Orientation Required?		
If Yes, please provide details:		

	YES	NO
Will System Be De-Contaminated?		

This system should be de-contaminated by hospital or facility before de-installation occurs.

	YES	NO
Infection Control Procedures:		
If Yes, please provide details:		

	YES	NO
Electrician Available for Lock Off:		
Electrician Arranged For What Time:		

This must be performed when Siaron Technicians are on-site so that we can ensure a test scan can be performed for systems to be re-used and to ensure that the equipment is in the required position for de-installation.

	YES	NO	N / A
Plumber Arranged For Systems Connected to Chilled Water:			
Arranged For What Time:			

	YES	NO
Is Access Required To Other Rooms / Departments For Conduit Access:		
If Yes, Please Provide Details & Access On Day of Removal:		

	YES	NO
Working Time Restrictions:		
If Yes, please provide details:		

	YES	NO
Elevator Required:		

	Elevator Weight Limit	Elevator Dimensions
If Yes, Please Provide		

	YES	NO
Loading Dock Available:		

If a loading dock is not available, a forklift may be required to load the system. This could result in additional charges.

Loading Dock Restrictions:

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Any Truck Restrictions:

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Additional Comments:

Please provide any site maps or drawings that may be useful.

Please provide a photograph of the system being removed.

Please send completed form to: operations@siaronmedical.com

