

[organization name]

Appendix 7 – Record of Medical Device Installation

| Customer Information | | | |
|--------------------------------|--------|--|--|
| Name | | | |
| Address | | | |
| Telephone | | | |
| Installation Details | | | |
| Scheduled date: | | | |
| Product name: | | | |
| Job title: | | | |
| Documented information needed: | | | |
| | | | |
| Verification and Confirmation | | | |
| Results of verification | | | |
| Confirmed by client | Yes/No | | |

Commented [134851]: E.g. Servicing procedures, reference materials, and reference measurements.

Commented [134852]: Write in here title of the document

[job title]

[name]

[signature]