

[organization name]

Appendix 6 – Record of Medical Device Installation

Information about the client			
Name:			
Address:			
Telephone:			
Contract number:		Invoice:	
Installation activities			
Scheduled date:		Date of installation:	
Product name:			
Model name:		Serial:	
Documented installation order:			
Medical device installation certificate (MDC):			
Medical device installation verification			
Method of verification:			
Results of verification:			
Signature:			
Contract number:	Invoice:	Contract agreement:	

Commented [AES1]: E.g., servicing procedures, reference

Commented [AES2]: Write here the title of document that

[job title]

[name]

[signature]

Commented [AES3]: Only necessary if the Procedure for Document and Record Control prescribes that paper documents must be signed.