



FORM:NMS/DBME/02

INVENTORY DATA COLLECTION FORM

General Informations	
Name of the Health Facility	
Department/Unit	
Inventory taken on	
Inventory prepared by	

Medical Equipment Informations			
Equipment Name			
Asset ID		Serial Number	
Manufacturer		Model	
Status	<input type="checkbox"/> Functional (S1)	<input type="checkbox"/> Partially functional (S2)	<input type="checkbox"/> Non-functional (S3) <input type="checkbox"/> Condemned (S4)
Country Origin		Purchase Cost	
Installation Date		Supplier	
Warranty Start		Warranty Validity	
Power requirement		Funding Source	
Manuals available	<input type="checkbox"/> User manual		<input type="checkbox"/> Service manual