

HOSPITAL SHIP EXPENSE EQUIPMENT REQUEST

(Used for equipment items less than \$100k)

1. SHIP NAME

a. Shipping Address	b. Date	
	c. UIC	d. Assemblage Number
e. Ship Name	f. NSN	g. Command Priority
h. Requesting Department / Division	i. Department TAC# / Division Code	j. Quantity
k. Standard Nomenclature (ECRI Nomenclature form www.ECRI.org)		

2. ITEM DESCRIPTION / SUPPORTING JUSTIFICATION (How the equipment will be used with general description and characteristics including ALL components and accessories. Attach manufacturer's literature and quotation.)

a. Essential Characteristics: (Detailed, nontechnical, functional description, including accessories and options, of the minimum features and capabilities required to enable completion of intended task. Do not use manufacturer specific terms, model numbers, catalog numbers or proprietary information. Description must be generic, not manufacturer specific. Use additional sheets if necessary.)		
b. Will requested items be used in conjunction with other equipment within the entire facility (existing or proposed)? If yes, explain.		
c. Is operator training required? If yes, describe.		
d. Describe the functional requirement and its clinical usage.		
e. Is the equipment a part of your command's BUMED Business Plan?		
f. Suggested Manufacturer	g. Model Number	h. Unit Acquisition Cost

3. EQUIPMENT

a. Type <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Replacement <input type="checkbox"/> Upgrade			
b. For Replacement/Upgrade			
(1) Nomenclature	(2) Manufacturer	(3) Year Purchased	(4) Model Number
(5) Serial Number	(6) DMLSS ECN	c. Proposed disposition of replaced equipment <input type="checkbox"/> Dispose <input type="checkbox"/> Excess to Command <input type="checkbox"/> Retain	
		d. Why retain?	

4. BIOMEDICAL ENGINEERING SECTION

a. Point of Contact	b. Telephone Number	c. Annual Contract Cost	d. Training Costs
e. Maintenance / repairs will be <input type="checkbox"/> Inhouse <input type="checkbox"/> Contract* <input type="checkbox"/> In-house MSC Engineering Staff		f. Are multi-services (i.e., multiple vendors/contractors) required to perform install/maintenance**? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Independent government cost estimate required for maintenance contracts		**Do not combine separate services into one line item.	
g. Is BMET training required? <input type="checkbox"/> Yes <input type="checkbox"/> No		h. Is BMET Training more cost effective than contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Training Costs: \$ _____ Duration: _____	
i. Workload Requirements (i.e., max throughput, max capacity, turnover rate, etc.)			
j. Utility Requirements Voltage _____ HZ _____ Current _____ Phase _____ Air _____ Water _____ Vacuum _____ Steam _____			
k. Dimensions Length _____ Width _____ Height _____ Weight _____ Depth _____			
l. Unit Hatch-able _____ Industrial Support (crane/forklift) _____ Hot Work _____ Ventilation Impact _____			

SHIP NAME	UIC	ACN
m. What type of warranty is required? <input type="checkbox"/> Standard Warranty <input type="checkbox"/> Extended Warranty		
n. Is test equipment required? Source: _____ Quantity: _____ Part Number: _____ Unit Cost: _____		
5. MSC ENGINEERING STAFF REVIEW		
a. Is American Bureau of Shipping approval required?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is Coast Guard approval required?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Can electrical requirements be met for new equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. ADMINISTRATIVE REVIEW		
a. Does equipment have assigned NSN?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Has an ACR been submitted for this equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. COMPUTER REQUIREMENTS		
a. Are there computer system interfaces required (i.e., CHCS, LIMS, DIN-PACS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are there LAN Equipment and usage concerns?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are there firewall concerns?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If yes to any of the above explain. (use additional sheets if required.)		
8. TYPE OF FUNDING:		
9. REQUESTING DEPARTMENT HEAD		
a. Name	b. E-mail Address	
c. Telephone Number	d. Signature	e. Date
10. TOTAL COST. Equipment: _____ Installation: _____ Modification: _____		
11. SIGNATURES <i>(Printed Name and Signature)</i>		
a. Biomedical Engineer	Signature	Date
b. MID	Signature	Date
c. Facilities	Signature	Date
d. Equipment Manager	Signature	Date
e. Comptroller / Fiscal Officer	Signature	Date
f. Supply Officer	Signature	Date
h. EPRC Chairman	Signature	Date
i. Safety Officer	Signature	Date
12. Any additional information prudent to processing request:		

