

<p><b>Eastern Maine Medical Center</b>  489 State Street PO Box 404  Bangor, ME 04402-0404</p>	<p><b>Contact:</b>  Ken Mitchell, Clinical Engineering Manager  Phone: 207-973-7769</p>
<p><b>Title:</b> Requirements for Vendors of Medical Equipment Maintenance Services</p>	<p><b>Date:</b> 12/29/2003</p>

All vendors performing maintenance or repair on medical equipment at Eastern Maine Medical Center must comply with the following **requirements**. These requirements are effective immediately and will be enforced equally for all vendors who provide technical, maintenance, repair, or support services on equipment under warranty, service contract, lease agreement, or time and material billing. Compliance with these guidelines shall ensure timely payments for services rendered. Vendors unable or unwilling to meet these requirements shall be **excluded** from future business opportunities.

REQUIREMENTS:

- 1) **During normal business hours**, 0700 hrs-1530 hrs, M-F, vendors shall check-in with Clinical Engineering prior to the start of any maintenance or repair activity. Vendors shall checkout with Clinical Engineering prior to leaving or completing their activity for each day. Documentation shall be delivered to Clinical Engineering at that time.
- 2) **During off-hours**, vendors shall check in with Security at the main entrance. Vendors shall checkout with Security prior to leaving or completing their activity for each day. Documentation shall be delivered to Security at that time.
- 3) **A field service report (FSR)**, supplied by the vendor shall be used to fully document all corrective maintenance, scheduled preventive maintenance, or performance verification (QA) testing at the time service is performed.
  - a) FSR's need to be legible.
  - b) Vendor specific work codes are not to be used, without full description of code.
  - c) FSR's must be delivered to Clinical Engineering immediately after service is completed. Data elements shall include (at a minimum) the following:
    - i) EMMC Purchase order number.
    - ii) Date and time service was initiated.
    - iii) Date and time service was completed.
    - iv) Identification of equipment being serviced (model number, serial number and/or hospital asset tag number).
    - v) Written description of the corrective action taken, of the tests performed and related results, or preventative maintenance actions taken.
    - vi) Parts used (if any) with associated descriptions and costs.
    - vii) Total labor and travel time, with associated charges.
    - viii) Signature of person performing the work.
    - ix) Signature of hospital employee acknowledging completion and status of work.
    - x) Vendor shall provide the cost for Travel, Labor and parts—even if covered by a Service Contract or warranty
- 4) **Cost estimates** may be requested and 'not to exceed' figure be provided prior to initiation of requested activity.
- 5) **All non-exchange parts** are to remain on site unless otherwise agreed upon.
- 6) **Invoices** for services performed must be received by us within thirty days after work is completed.
  - a) To ensure prompt payment, a copy of the vendor field service report must be attached or referenced, along with any hospital provided P.O. or work order number.
  - b) Invoices for preventive or corrective maintenance must be sent to the attention of Clinical Engineering.
- 7) **All repair work** shall be warranted for at least ninety days. Call back service for repeat problems related to the initial service shall be performed at no additional charge.
- 8) **All service** delivered must ensure that the equipment is operating within the manufacturer's specifications and conforms to all regulatory guidelines once activity is complete.