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# New Institution Setup Checklist

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| --- |
| COMPANY INFORMATION |
| Institution name:  |  |
| Address:  |  |
| Contact and Title:  |  |
| Phone Number:  |  |
| Email:  |  |
| Fax Number:  |  |

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|  CHECKLIST for Pre-Survey ABGI obtains information from the institution to perform complete survey and cost savings analysis |
| [ ]  | Provide ABGI with complete and accurate capital equipment asset list in Excel spreadsheet format, including: equipment manufacturer name, equipment nomenclature, model name/number, serial number, and purchase price  |  |
| [ ]  | Provide ABGI with copies of current service contracts (or alternatively, “terms and conditions” of such contracts provided as part of asset list spreadsheet) |  |
| [ ]  | Provide ABGI copies of records, if available, of the past two (2) preventive maintenance service visits on contracted equipment |  |
| [ ]  | Provide ABGI with complete two year service cost history on equipment listed |  |
| [ ]  | Provide ABGI with copy of department cost center codes |  |
| [ ]  | Provide ABGI name and title of contract signer  |  |
| [ ]  | Provide ABGI names, titles and addresses of personnel to whom completed proposal should be addressed/sent |  |
|  | **CHECKLIST FOR JOINT SURVEY** ABGI Engineering Team to survey hospital equipment with institution personnel |  |
| [ ]  | ABGI schedule and meet with designated hospital contact prior to beginning survey work to ensure pre-survey work has been completed  |  |
| [ ]  | Department Managers and ABGI personnel to coordinate scheduled appointments prior to visit |  |
| [ ]  | Department Managers will conduct an Orientation Meeting to initiate the formal survey, including a brief overview of the ABGI Program and services provided. Can utilize attached memorandum to assist with orientation meeting |  |
| [ ]  | During visit, engineers will discuss the history of all capital equipment and review the last two (2) preventive maintenance service visits on contracted equipment ABGI will be flexible to work around scheduling needs of manager and department personnel |  |
| [ ]  | During survey dates and times, hospital will need to provide the survey team with a temporary set-up / work room (with phone access) |  |
| [ ]  | Complete survey with ABGI team |  |

 MEMORANDUM

To: Department Managers

From: Administration

Date:

Re: SERVICE CONTRACTS

In the interest of reducing the cost of maintenance on our capital equipment*, HOSPITAL NAME* has invited engineers from American Biomedical Group, Inc. {ABGI} to survey our capital equipment on *DATE*, and to review our service and maintenance agreements. This survey will help us determine precisely how much money ABGI’s Capital Asset Performer (CAP) Program can save us.

Prior to the beginning of the survey, you are requested to attend an orientation meeting, *TIME< DATE< in MEETING ROOM*. The meeting will begin with a brief presentation about ABGI’s program, its purpose and how it works. Before *DATE of SURVEY*, an ABGI engineer will contact you by phone to schedule a convenient time to visit your department to survey the capital equipment. During the time in your department they will discuss your service and maintenance contracts, examine the condition and usage of equipment as well as preventive maintenance records. They will also verify model and serial numbers from the equipment. The engineers will work around your schedule as well as scheduled patient procedures. Please make this information available to the ABGI staff; they have been authorized to make copies of these materials if necessary.

The survey team will be working out of *ROOM* and can be reached at *EXTENSION#*. Should you have any questions please contact me at *EXTENSION #*.

Thank you for your cooperation and assistance in this matter. We believe that the time spent in preparation for the survey, as well as during the survey, will be of benefit to our hospital operationally and financially.

 Sincerely,

 *NAME*

 *POSITION*