Klarstig

Healthcare & Wellness Equipment Inspection

Inspect the identified item or site and record its condition, defects and required actions. Use the applicable technical checklist alongside this general record.

Contact and reference

Organization using this document

Your name or contact reference *

Email for a reply if needed

Information for this document

Asset site or equipment identifier *

Inspection date *

Inspector name or role *

Visible condition *

- ☐ Satisfactory
- ☐ Attention required
- ☐ Not inspected

Functional check result *

- ☐ Satisfactory
- ☐ Defect identified
- ☐ Not tested
- ☐ Not applicable

Defects and evidence

Use restrictions pending review

Corrective action owner and due date

Specific details

Equipment type make and asset reference

Complete when relevant to this request.

Operating condition accessories and use or access requirements

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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