Bath Institute of Medical Engineering Any queries call: 01225 824103



Project/Repair Request Form

Date referred:	Project Number (office use):
Market Research – Please check there are no devices commercially a investigation. If there is, please describe with a reference to identify the	
Description of project	
Client Details	Referrer Details
Full name:	Name: Sign:
Date of Birth:	Profession:
Clinical Diag:	OT Physio
Home Add:	Speech Thera Teacher
	Nurse Other
	Department:
School Add:	Address:
Home/School tel:	Contact no:
For office use of	•
Course of Action	
TP 4	C. a. L.C. a. D. d.
	Completion Date
Date Description of activity	MB/SH Time(hr)

RISK ASSESSMENT Pass Fail n/a Mechanical Structural strength Stability Moving parts Trapping of fingers Electrical Mains voltage Low voltage EMC - likely to be susceptible EMC - likely to cause interference Programmable system Materials Toxicity of materials Flammability Corrosion Interface with user Sharp edges Risk of pressure sores Infection Vibration / noise High or low temperature Could be swallowed In use Use in conjunction with other devices Operating instructions Danger through misuse Danger through incorrect assembly The device: a) Has negligible risks when used for the purpose intended b) Has acceptable risks when used for the purpose intended c) Has unacceptable risks that need to be analysed in greater depth Notes: Signed Date Photo taken? | Labelled? Instructions? Database up-to-date? **DECLARATION** (tick relevant statement) I confirm that the correct procedures have been followed and that the device is appropriate and safe for the use intended. I confirm that the device is a medical device, and conforms to the Essential Requirements of the medical devices directive. I confirm that the device is a medical device, and conforms to the Essential Requirements of the medical devices directive with the exceptions noted on the accompanying documentation.

(Registered Clinical Scientist)

Signed: