

BD Bodyguard™ T Syringe Pump Medical Physics Service Request Form

This form must be completed and sent with the pump to the relevant workshop below.

**Following an incident/malfunction, return the syringe and line but do not return medications or sharps. Contact Medical Physics for advice if required.**

Equipment Make: BD Syringe Pump	Hospital/Base:		
Equipment Model: BodyGuard™ T	CMT/CH(C)P:		
Asset No.	Date:		
Serial No.	DATIX ID: DATIX Reference:		
Medical Physics Address:	RIE: Medical Physics Workshop RIE 2 nd floor, Main Building 0131 536 4400 opt 2	WGH: Medical Physics Workshop, Lower Ground Floor, Anne Fergusson Building. 0131 536 4400 opt 3	SJH: Medical Physics Workshop SJH Lower Ground Floor, Main Building. 0131 536 4400 opt 4

Work requested

Maintenance Check <input type="checkbox"/>	Check due to device fault <input type="checkbox"/>	Check due to incident or near miss while in-use where device malfunction <i>may</i> be a contributory factor <input type="checkbox"/>
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Mandatory Information

Tick relevant box(es) & provide as much written detail as possible - continue over page if needed

Leakage <input type="checkbox"/>	Pump dropped or damaged <input type="checkbox"/>	Pump not running to time <input type="checkbox"/>	Infusion line type (specify):
Alarm error <input type="checkbox"/>	Display error <input type="checkbox"/>	Other fault/damage (specify): <input type="checkbox"/>	Batch no:

Details:

Impact on patient/service:

Infection control:
The BD BodyGuard™ T must be appropriately cleaned before being sent to Medical Physics. Complete the section below to confirm this has been done. The pump should be double bagged in clear plastic bags and Medical Physics contacted to collect. Contact Medical Physics if in any doubt.

Cleaned <input type="checkbox"/> State method:	Patient high infection risk <input type="checkbox"/> State:	Other hazard <input type="checkbox"/> State:
Name (print):	Signature:	
Designation:	Contact number:	