



**PRAIRIE MOUNTAIN HEALTH**

Biomedical Regional Services Program

**AUDIOLOGY EQUIPMENT SERVICE REQUEST**

222 McTavish Avenue, Brandon MB R7A 2B3

Phone: 204-571-5520 Fax: 204-727-3129 Email: [BRS@pmh-mb.ca](mailto:BRS@pmh-mb.ca)

Contact Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Date: \_\_\_\_\_

yyyy/mmm/dd

Equipment Type: \_\_\_\_\_

(If FM system, in addition to transmitter information, please provide receiver information below)

Manufacturer: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Asset Number: \_\_\_\_\_

Model Number: \_\_\_\_\_

Accessories: \_\_\_\_\_

**Receiver #1 (if applicable)**

**Receiver #2 (if applicable)**

Manufacturer \_\_\_\_\_

\_\_\_\_\_

Model Number \_\_\_\_\_

\_\_\_\_\_

Serial Number \_\_\_\_\_

\_\_\_\_\_

**Service Required:**

Repair

Preventative Maintenance

Calibration

New Equipment

**Reported Problems and/or Details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Biomedical Regional Services Use Only:**

Work Order No.: \_\_\_\_\_

Date of Repair: \_\_\_\_\_  
yyyy/mmm/dd

Completed By: \_\_\_\_\_

**Corrective Action:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_