

BMI De-installation Report

FSE Name:

Date of De-Installation:

PRODUCT TYPE

Check all that apply:

X-Ray	CR	DR	Portable	C-Arm	Workstation
MRI	CT	R/F	Dexa	Mammo	Other (See comments)

Generator Power (V):

Generator Size (KW):

Wall Stand Load Side (LH/RH):

Comments:

SITE INFORMATION

Facility Name:

Contact name:

Street Address:

Phone:

City:

State:

Zip:

Fax:

Email:

Tech Initials:

PHI: Left with Customer

Purged Onsite

To Be removed by BMI

Completed:

Initial

EQUIPMENT INFORMATION

Model Name	Serial Number	Software Rev.	Manufacturer Date	Performance P Check F

Visual Appearance

OS Version

include sub version, ie Windodws 10 version 22H2

Poor Good Excellent

Last PM

Disposition:

Resale

Part-Out

Disposal

Known issues:

Comments:

Customer Signature

X _____