

# Medical Equipment Vendor Technical Assessment Form

## Vendor Information

Vendor Name

Contact Person

Email

Phone Number

Address

## Equipment Details

Equipment Name

Model

Manufacturer

Country of Origin

Warranty Period

## Technical Specifications

Specification	Vendor Response	Remarks

# Compliance & Certification

Certifications (e.g., FDA, CE, ISO)

Compliance with Local Regulations

# After-Sales Support

Availability of Spare Parts

Service Response Time

Training Provided

# Additional Comments

Date of Assessment

Assessed By