

Medical Device Installation Site Assessment Form

Facility Information

Facility Name

Facility Address

Contact Person

Contact Phone

Contact Email

Device Information

Device Name/Model

Device Serial Number

Intended Installation Location

Site Assessment

Is sufficient space available for installation?

Flooring Type

Room Access (door width, stairs, elevator, etc.)

Is there adequate ventilation?

Power Requirements

Is proper grounding available?

Network Requirements

Environmental Conditions (temperature, humidity, etc.)

Safety Considerations

Other Requirements/Comments

Assessor Details

Assessor Name

Assessment Date