



Office of Logistics Management (OLM)

MAINTENANCE OF EQUIPMENT NOTICE - IC 9

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DEPARTMENT: \_\_\_\_\_

UCONN HEALTH TAG NUMBER (S) : \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

MAINTENANCE SCHEDULE:

1. Performed by: \_\_\_\_\_

2. Interval of Maintenance: \_\_\_\_\_

3. Date of last maintenance routine: \_\_\_\_/\_\_\_\_/\_\_\_\_

Performed by: \_\_\_\_\_

EXPLANATION OF MAJOR REPAIRS:

1. Description: \_\_\_\_\_  
\_\_\_\_\_

2. Purchase Order Number: \_\_\_\_\_ 3. Repair Amount: \_\_\_\_\_ 4. Acquisition Cost: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Custodial Person Date

**IMPORTANT NOTICES TO DEPARTMENT HEAD:** 1. YOUR SIGNATURE ALSO CONFIRMS THAT ALL EQUIPMENT & ACCESSORIES USED WITH/OR HAVING CONTAINED RADIOACTIVE OR OTHER HAZARDOUS MATERIALS HAVE BEEN INSPECTED & APPROVED FOR SHIPPING AND/OR STORAGE BY ENVIRONMENTAL & RADIATION SAFETY. 2. YOUR SIGNATURE ALSO CONFIRMS THAT ALL ELECTRONIC STORAGE EQUIPMENT & DEVICES HAVE BEEN PROPERLY CLEANED OF INFORMATION ACCORDING TO UCH POLICIES.

SIGNATURES:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Department Head Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Dean Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Inventory Control Date

INCLUDE A COPY OF RELEVANT DOCUMENT.

IC-9 Revised: 10/19/15

You Must Complete Forms On-Line. Hand Written Forms will be Rejected!